NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Cambridgeshire
County Council

Cambridgeshire

Pharmaceutical Needs Assessment

2014

Contents

Acknowledgements

Steering Group members	
Dr Erlend T. Aasheim	Specialty Registrar in Public Health Medicine, CCC, Chair
Rita Bali	Lead, Local Pharmaceutical Committee
Sue Beecroft	Housing Strategy co-ordinator, Cambridge sub-region
Trevor Baker	Research Manager, CCC
Jill Eastment	Senior Public Health Analyst, CCC
Alan Fitz	Research Manager, CCC
Susan Last	Assistant Director of Patient Experience, CPCCG
Louise Meats	Senior Research Officer, CCC
Denis Payne	Geographical Information Systems Manager, CCC
Nicola Polley	Research Officer, CCC
Wendy Quarry	JSNA Programme Manager, CCC
Kelvin Rowland-Jones	Contract Manager, NHS England East Anglia Area Team
Sandie Smith	Chief Executive Officer, Healthwatch Cambridgeshire.
Janet Watkinson	Public Health Pharmacist, CPCCG; and CCC
Dr Kirsteen Watson	Consultant in Public Health Medicine, CCC
Lead authors	
Dr Erlend T. Aasheim	Specialty Registrar in Public Health Medicine, CCC
Jill Eastment	Senior Public Health Analyst, CCC
Wendy Quarry	JSNA Programme Manager, CCC
Janet Watkinson	Public Health Pharmacist, CPCCG and CCC
Dr Kirsteen Watson	Consultant in Public Health Medicine, CCC
Other contributors	
Sue Hall	Senior Public Health Administrator, CCC
Tess Campbell	Interim Public Health Business Manager, CCC
Tony Lacey	Health Improvement Specialist, CCC
Alan Fitz	Research Manager, CCC
Ellen Nicholson	Health Improvement Specialist, CCC
Kelvin Rowland-Jones	Contract Manager, NHS England East Anglia Area Team

CCC, Cambridgeshire County Council.
CPCCG, Cambridgeshire and Peterborough Clinical Commissioning Group.

In addition, a number of other individuals have submitted information used in the PNA.

The Cambridgeshire Health and Wellbeing Board would like to acknowledge the contribution of the Local Medical Committee, Local Pharmaceutical Committee, Community Pharmacies, Dispensing Practices, stakeholders and members of the public and thank them for their participation in the consultation and development of the PNA.

Executive summary

1. Introduction

From 1 April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA). The PNA will help in the commissioning of pharmaceutical services in the context of local priorities.

Decisions on whether to open new pharmacies are not made by the HWB. Pharmacies must submit a formal application to NHS England. The relevant NHS England Area Team will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA. As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date. In accordance with these regulations, the Cambridgeshire PNA will be updated every three years. The availability of new information for the PNA will be assessed by the PNA Steering Group every six months and if indicated 'Supplementary Statements of Fact' will be produced, which include information on new facts, for example: openings and closings of pharmacies, houses completed, changes to the population size.

This PNA describes the needs for the population of Cambridgeshire, including Cambridge City, East Cambridgeshire, Fenland, Huntingdonshire and South Cambridgeshire. A separate PNA will be produced by the Peterborough Health and Wellbeing Board.

The PNA includes information on:

- Pharmacies in Cambridgeshire and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as smoking cessation, sexual health and support for drug users.
- Other local pharmaceutical services, such as dispensing GP surgeries.
- Relevant maps relating to Cambridgeshire and providers of pharmaceutical services in the area.
- Services in neighbouring Health and Wellbeing Board areas that might affect the need for services in Cambridgeshire.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

2. Process

This PNA was undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

In the process of undertaking the PNA the Cambridgeshire HWB sought the views of a wide range of key stakeholders to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities.

A public consultation was undertaken from 16 December 2013 to 21 February 2014 to seek the views of members of the public and other stakeholders, on whether they agreed with the contents of this PNA and whether it addressed issues that they considered relevant to the

provision of pharmaceutical services. A good response was received to the public consultation, with 238 responses to the survey from individuals or groups.

203 of 224 respondents (91%) felt that the purpose of the PNA was explained sufficiently and 205 of 220 respondents (93%) felt that the draft PNA adequately described current pharmaceutical services in Cambridgeshire. 198 of 220 respondents (90%) agreed with the key findings about pharmaceutical services in Cambridgeshire as outlined in the PNA. The feedback gathered in the consultation is described in the Consultation report produced by the CCC Research Team (see Appendix 7) and a summary of how the draft PNA was amended to produce this final report in response to the feedback received is included as Appendix 8.

3. Local context

This PNA for Cambridgeshire is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described in the Cambridgeshire Joint Strategic Needs Assessment. This PNA does not duplicate these detailed descriptions of health needs in the relevant JSNAs and should be read alongside the JSNA.

Cambridgeshire is a predominantly rural county with few urban settlements, which can create challenges for local transport and access to services. The health of the Cambridge population is generally similar to or better than the England average, but important local variations exist within the county.

4. Key findings

4.1 Provision of local pharmaceutical services

Cambridgeshire is well provided for by pharmaceutical service providers. There are 109 pharmacies across Cambridgeshire, an increase from 101 reported in the previous PNA in 2011. There are 43 dispensing GP practices, unchanged from 2011. There is also adequate access for the dispensing of appliances.

There are 24 pharmaceutical service providers per 100,000 registered population in Cambridgeshire. This is slightly more than in 2011 and also slightly higher than the national average of 23 per 100,000. This PNA has not identified a current need for new NHS pharmaceutical service providers in Cambridgeshire.

The majority of respondents to the public consultation (88%) felt that the needs for pharmacy services for the population of Cambridgeshire have been adequately identified in this PNA. 82% (179 out of 218) agreed that currently we do not need more pharmacies in Cambridgeshire and only 5% (13 individuals) suggested that additional pharmacies were required. 89.0% of pharmacies and 88.4% of dispensing GP surgeries responded to the PNA questionnaire about service provision. Of those responding 100% considered provision to be either ‘excellent’ ‘good’ or ‘adequate’. No responder considered provision to be ‘poor’.

Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS pharmaceutical services in Cambridgeshire. There appears to be good coverage in terms of opening hours across the county. 89% (201 out of 225) respondents to the public consultation agreed that pharmacy services are currently available at convenient locations and opening times, although 14 (6%) suggested that some

pharmacies could offer more convenient opening hours at lunchtimes, evenings or weekends. Overall, out of 109 community pharmacies, 50 (46%) are open after 6pm and 30 (28%) are open after 7pm on weekdays; 87 (80%) open on Saturdays; and 24 (25%) open on Sundays. These findings are similar to those in the 2011 PNA. The extended opening hours of some community pharmacies are valued and these extended hours should be maintained.

Home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport. Many pharmacies and dispensing surgeries have wheelchair access.

4.2 The role of pharmacy in improving the health and wellbeing of the local population

Providers of pharmaceutical services have an important role to play in improving the health of local people. They are easily accessible and are often the first point of contact, including for those who might otherwise not access health services. Community pharmacies can contribute to the health and wellbeing of the local population in a number of ways, including direct service provision, for example Emergency Hormonal Contraception, along with providing ongoing support for lifestyle behaviour change through motivational interviewing, providing information and brief advice, and signposting to other services.

Local commissioning organisations should consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care. Cambridgeshire Health and Wellbeing Board consider community pharmacies to be a key public health resource and recognise that they offer potential opportunities to commission health improvement initiatives and work closely with partners to promote health and wellbeing. Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

4.2.1 Services and support to encourage healthy lifestyle behaviours

The range of services provided by community pharmacies varies due to several factors, including: availability of accredited pharmacists, capacity issues in the pharmacy, changes to service level agreements and the need for a service (for example, in response to pandemic flu).

The Community Pharmacy Smoking Cessation Service in Cambridgeshire illustrates how community pharmacies can improve population health through smoking cessation services, as evaluated by NICE. Smoking cessation activities in community pharmacies in Cambridgeshire have increased, but there are still many community pharmacies that do not provide a smoking cessation service. There is potential for further development in this area. Historically this has been challenging as it has been difficult to engage some pharmacies.

Community pharmacies are easily accessible for young people and are crucial for offering treatment of chlamydia infections. In some cases it can be challenging to offer testing in the pharmacy setting as not all pharmacies have the facilities required to enable patients to provide a sample for diagnostic testing on site. There is a potential for offering advice on barrier contraception methods for both males and females and for raising awareness of HIV, chlamydia and other STIs.

All pharmacies in Cambridgeshire have been offered the opportunity to deliver the Community Pharmacy Chlamydia Screening and Treatment service. Only 26 pharmacies have signed up to the chlamydia screening programme. Although there is some opportunity to expand, this is limited by the number of pharmacies that do not have the appropriate facilities to offer screening. It is advised to offer chlamydia screening when Emergency Hormonal Contraception (EHC) is provided, since those requiring such contraception may also be at risk of infection. The extent to which local services signpost to services or carry out testing when EHC is provided could be examined in an audit, to stimulate best practice in this area.

People who use illicit drugs are often not in contact with health care services and their only contact with the NHS may be through a needle exchange service within a community pharmacy. Some community pharmacies in Cambridgeshire provide access to sterile needles, syringes and sharps containers for return of used equipment. Where agreed locally, associated materials will be provided (for example condoms, citric acid and swabs) to promote safe injecting practice and reduce transmission of infections by substance misusers.

Several opportunities exist to encourage a healthy weight such as providing advice, signposting services and providing on-going support towards achieving behavioural change for example through monitoring of weight and other related measures.

Opportunistic alcohol screening and provision of brief advice is another area where pharmacies could potentially contribute to improving the health of the local population. This could, for example, potentially be integrated into agreements around medication checks.

4.2.2 Medicines advice and support

In the community, pharmacists should work with GPs and nurse prescribers to ensure safe and rational prescribing of medication. Through the provision of Medicine Use Reviews (MURs), Dispensing Review of Use of Medicines (DRUMs), clinical screening of prescriptions and identification of adverse drug events dispensing staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated.

94 community pharmacies in Cambridgeshire (86.2%) are signed up to the 'Not Dispensed Scheme', which highlights items that are not required by the patient and informs their GP's. This may have been caused by a misunderstanding on the part of any or all of the parties involved in the ordering and production of the repeat prescription, and helps to prevent waste. Previously GPs did not get any feedback on medicines which had not been dispensed or were returned to the pharmacy unused.

Pharmacy providers are involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and C difficile. Within primary care, dispensing staff are able to reinforce the message that antibiotics are not always necessary and explain the relationship between excessive use of antibiotics and Health Care Acquired Infections (HCAIs). In addition they are able to inform other primary care practitioners when an item prescribed is not normally available in the community.

4.2.3 Supporting co-ordinated care and self-care

The Royal Pharmaceutical Society (RPS) recommends that pharmacists collaborate with each other, and with other healthcare professions, to develop models of care. These will enable commissioners to deliver integrated patient pathways and ensure patients have consistent access to support with medicine use as they move between care settings.

This could be particularly relevant for frail older people and those with multiple conditions. Community pharmacies can support self-care where appropriate, as well as referring back to the GP service or signposting clients to other appropriate services. Many patients receive a range of different medications and up to 50% of patients do not take their prescribed medicines as intended. Pharmacists can help with this, particularly for those who have complex medication regimens or have problems with taking their medication regularly. If services are provided where vulnerable people are visited in their own homes, this also offers an opportunity to identify individuals who are at risk or require additional support, for example interventions to prevent falls.

Pharmacy staff can play a role in promoting awareness of good mental health, for example signposting to information about local support networks, mental health helplines etc. Community pharmacists can also help by promoting simple mechanisms to help people understand and take their medicines as intended.

The minor ailments service in Cambridgeshire aims to provide greater choice for patients and carers and improve access to health care professionals, by utilising the expertise of the pharmacists, so they become the first port of call for minor ailments. This can complement other medical services provisions and educate patients in self-care, thereby reducing the impact on GP consultations.

There is also potential to draw on experiences from areas where community pharmacies have worked innovatively to address key local public health challenges and benefit local communities. Section 5 of the PNA report describes a number of case studies from around the country.

4.3 Future pharmaceutical needs with population growth and housing developments

Over the coming years the population in Cambridgeshire is expected to both age and grow substantially in numbers. An increase in population size is likely to generate an increased need for pharmaceutical services, but on a local level changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required, due to the range of other factors influencing local pharmaceutical needs. Several large-scale housing developments are in progress and considerations when assessing needs for local pharmaceutical service providers should be based on a range of local factors specific to each development site. These are further described in section 6.5.2 of the PNA report.

To facilitate commissioning of pharmaceutical services responsive to population needs the Health and Wellbeing Board partners will, in accordance with regulations, monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmacies might be required.

1 Introduction

Key messages:

From 1 April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA). The PNA will help in the commissioning of pharmaceutical services in the context of local priorities.

Decisions on whether to open new pharmacies are not made by the HWB. Pharmacies must submit a formal application to NHS England. The relevant NHS England Area Team will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA. As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date. In accordance with these regulations, the Cambridgeshire PNA will be updated every three years. The availability of new information for the PNA will be assessed by the PNA Steering Group every six months and if indicated 'Supplementary Statements of Fact' will be produced. This will include information on new facts, for example: opening and closing of pharmacies, houses completed and changes to the population size.

This PNA describes the needs for the population of Cambridgeshire, including Cambridge City, East Cambridgeshire, Fenland, Huntingdonshire and South Cambridgeshire. A separate PNA will be produced for Peterborough by the Peterborough Health and Wellbeing Board.

The PNA includes information on:

- **Pharmacies in Cambridgeshire and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as smoking cessation, sexual health and support for drug users.**
- **Other local pharmaceutical services, such as dispensing GP surgeries.**
- **Relevant maps relating to Cambridgeshire and providers of pharmaceutical services in the area.**
- **Services in neighbouring Health and Wellbeing Board areas that might affect the need for services in Cambridgeshire.**
- **Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.**

1.1 What is a Pharmaceutical Needs Assessment?

The PNA is a structured approach to identifying unmet pharmaceutical need. It can be an effective tool to enable HWBs to identify the current and future commissioning of services

required from pharmaceutical service providers. The Department of Health (DH) recently published an Information Pack to help HWBs undertake PNAs.[1]

1.2 What is the purpose of the PNA?

This PNA will serve several key purposes:[2]

- It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Decisions on whether to open new pharmacies are not made by the HWB. Pharmacies must submit a formal application to NHS England. The relevant NHS England Area Team will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA.
- It will help the HWB to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.
- It will inform interested parties of the pharmaceutical needs in Cambridgeshire and enable work to plan, develop and deliver pharmaceutical services for the population.
- It will inform commissioning decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs).

1.3 Legislative background

Section 126 of the NHS Act 2006 places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the Act also describes the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription. The first PNAs were published by NHS Primary Care Trusts (PCTs) according to the requirements in the 2006 Act. NHS Cambridgeshire published their first PNA in 2011.[3]

The Health and Social Care Act 2012 amended the NHS Act 2006. The 2012 Act established HWBs and transferred to them the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013. The requirements on how to develop and update PNAs are set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.[4]

---

[1] Department of Health. 'Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards.' May 2013. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf

[2] Primary Care Commissioning. 'Pharmaceutical needs assessments.' March 2013. Available at: http://www.pcc-cic.org.uk/

[3] NHS Cambridgeshire Pharmaceutical Needs Assessment (PNA) January 2011 final draft version 14/01/2011. Available at: http://www.cambridgeshireinsight.org.uk/other-assessments/pharmacy-needs-assessment

[4] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: http://www.legislation.gov.uk/uksi/2013/349/made (Accessed 19 Nov 2013)

The 2012 Act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). The preparation and consultation on the PNA should take account of the JSNA and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of PNAs is a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents but can be annexed to them.

The PNA must be published by the HWB by April 2015, and will have a maximum lifetime of three years. As part of developing their first PNA, HWBs must undertake a consultation for a minimum of 60 days. The 2013 Regulations[5] list those persons and organisations that the HWB must consult. This list includes:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.
- Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS trust or NHS foundation trust in the HWB area.
- NHS England.
- Any neighbouring HWB.

The Health and Social Care Act 2012 also transferred responsibility for using PNAS as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and decisions made on appeal can be challenged through the courts. PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners eg CCGs.

The use of PNAs for determining applications for new premises is relatively recent. It is expected that some decisions made by NHS England may be appealed and that eventually there will be judicial reviews of decisions made by the FHSAU. It is therefore important that PNAs comply with the requirements of the regulations, that due process is followed in their development, and that they are kept up-to-date.

Primary Care Commissioning (PCC) has highlighted that failure to comply with the regulatory duties may lead to a legal challenge, for example where a party believes that they have been disadvantaged following refusal by NHS England of their application to open new premises.[6]

[5] Ibid.
[6] Pharmaceutical Needs Assessments: Right Service in the Right Place. 25 March 2013. http://www.pcc-cic.org.uk/article/pharmaceutical-needs-assessments-right-service-right-place (accessed 19 Nov 2013)

HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response. HWBs therefore need to establish systems that allow them to:[7]

- Identify changes to the need for pharmaceutical services within their area.
- Assess whether the changes are significant.
- Decide whether producing a new PNA is a disproportionate response.

HWBs need to ensure they are aware of any changes to the commissioning of public health services, by the local authority and the commissioning of services by CCGs, as these may affect the need for pharmaceutical services. HWBs also need to ensure that NHS England and its Area Teams have access to their PNAs.

1.4 What are NHS pharmaceutical services?

Pharmaceutical services as defined in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 include:

- Essential services which every community pharmacy providing NHS pharmaceutical services must provide (as described in Schedule 4, Part 2 of the Regulations) which includes the dispensing of medicines, promotion of healthy lifestyles and support for self-care.
- Advanced services which community pharmacy contractors and dispensing appliance contracts can provide subject to accreditation. These are currently Medicines Use Reviews (MUR) and the New Medicines Service from community pharmacists and Appliance Use Reviews and the Stoma Customisation Service which can be provided by dispensing appliance contracts and community pharmacies.
- Enhanced services are commissioned directly by NHS England. These could include anti-coagulation monitoring, the provision of advice and support to residents and staff in care homes in connection with drugs and appliances, on demand availability of specialist drugs, and out-of-hours services.

1.5 Local pharmacy services

Local pharmacy services are services which are commissioned locally and fall outside of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Local pharmacy services do not impact on the commissioning of new pharmacy contracts.

The 2013 regulations set out the enhanced services which may be commissioned from pharmacy contractors. It is important to note that the definition of 'Enhanced services' have changed, and the current commissioning arrangements can now be seen as more complex since pharmacy services previously commissioned by one organisation (PCTs) can now be commissioned by at least three different organisations (CCGs, local authorities and NHS England) and the responsibility for commissioning some services is yet to be resolved.

1.5.1 Public health services and enhanced services

The changes to enhanced services are summarised in the following excerpt from PCC[8]:

[7] Ibid.
[8] Primary Care Commissioning. Pharmacy Enhanced Services from 1 April 2013. 25 April 2013. Accessed 5 Jun 2013 at: http://www.pcc-cic.org.uk/article/pharmacy-enhanced-services-1-april-2013

Public health services

The commissioning of the following enhanced services which were listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2012 transferred from PCTs to local authorities with effect from 1 April 2013:

- *Needle and syringe exchange.*
- *Screening services such as chlamydia screening.*
- *Stop smoking.*
- *Supervised administration service.*
- *Emergency hormonal contraception services through patient group directions.*

Where such services are commissioned by local authorities, they no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services.

However, the 2013 directions do make provision for NHS England to commission the above services from pharmacy contractors where asked to do so by a local authority. Where this is the case they are treated as enhanced services and fall within the definition of pharmaceutical services.

Enhanced services

The following enhanced services may be commissioned by NHS England from 1 April 2013 in line with pharmaceutical needs assessments (PNAs) produced by PCTs up to 31 March 2013 and by Health and Wellbeing Boards (HWBs) thereafter:

- *Anticoagulation monitoring.*
- *Care home service.*
- *Disease specific medicines management service.*
- *Gluten free food supply service.*
- *Independent prescribing service.*
- *Home delivery service.*
- *Language access service.*
- *Medication review service.*
- *Medicines assessment and compliance support.*
- *Minor ailment service.*
- *On demand availability of specialist drugs.*
- *Out-of-hours service.*
- *Patient group direction service (not related to public health services).*
- *Prescriber support service.*
- *Schools service.*
- *Supplementary prescribing service.*

1.5.2 Clinical commissioning groups

CCGs now have a role to commission most NHS services locally, aside from those commissioned by NHS England such as GP core contracts and specialised commissioned services. CCGs involve clinicians in their area to ensure commissioned services are responsive to local needs. CCGs will be able to commission services from pharmacies but, similar to public health services, these services will be known as local services and then fall outside the definition of enhanced services, and so have no bearing on pharmacy applications.

1.6 What are pharmaceutical lists?

If a person (a pharmacist, a dispenser of appliances or in some circumstances and, normally in rural areas, GPs) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled by NHS England. This is commonly known as the NHS 'market entry' system.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, a person who wishes to provide NHS Pharmaceutical Services must apply to NHS England to be included on a relevant list by generally proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to the applications to meet a need, such as applications for needs not foreseen in the PNA or to provide pharmaceutical service on a distance-selling (internet or mail order only) basis.

The following are included in a pharmaceutical list:

- Pharmacy contractors: a person or body corporate who provides NHS Pharmaceutical Services under the direct supervision of a pharmacist registered with the General Pharmaceutical Councils.
- Dispensing appliance contractors: appliance suppliers are a sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- Dispensing doctors: medical practitioners authorised to provide drugs and appliances in designated rural areas known as 'controlled localities'.
- Local pharmaceutical services (LPS) contractors also provide pharmaceutical services in some HWB areas.

1.7 What information will this PNA contain?

The information to be contained in the PNA is set out in Schedule 1 of The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Briefly, this PNA includes information on:

- Pharmacies in Cambridgeshire and the services they currently provide, including dispensing, providing advice on health, medicine reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- Other local pharmaceutical services, such as dispensing GP surgeries.
- Relevant maps relating to Cambridgeshire and providers of pharmaceutical services in the area.
- Services in neighbouring HWB areas that might affect the need for services in Cambridgeshire.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

The PNA is aligned with the JSNA and HWB Strategy for Cambridgeshire, as discussed in the next section.

2 Process

Key messages:

This PNA was undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

In the process of undertaking the PNA, the Cambridgeshire HWB sought the views of a wide range of key stakeholders to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities.

A public consultation was undertaken from 16 December 2013 to 21 February 2014 to seek the views of members of the public and other stakeholders, on whether they agreed with the contents of this PNA and whether it addressed issues that they considered relevant to the provision of pharmaceutical services. A good response was received to the public consultation, with 238 responses to the survey from individuals or groups.

203 of 224 respondents (91%) felt that the purpose of the PNA was explained sufficiently and 205 of 220 respondents (93%) felt that the draft PNA adequately described current pharmaceutical services in Cambridgeshire. 198 of 220 respondents (90%) agreed with the key findings about pharmaceutical services in Cambridgeshire as outlined in the PNA. The feedback gathered in the consultation is described in the Consultation report produced by the CCC Research Team (see Appendix 7) and a summary of how the draft PNA was amended to produce this final report in response to the feedback received is included as Appendix 8.

2.1 Summary of the process followed in developing the PNA

In developing the PNA for Cambridgeshire, information from the JSNA and Public Health sources were used to explore the characteristics of areas within the county and local health needs that may be addressed through pharmaceutical services. The current provision of such services is described.

The process of developing the PNA has taken into account the requirement to involve and consult people about changes to health services. The specific legislative requirements in relation to development of PNAs[9] were duly considered. An extract of part of these regulations can be found in Appendix 1.

2.2 Stakeholders involved in the development of the PNA

A pre-consultation exercise was carried out over the summer of 2013 to seek and take into account views from a range of key stakeholders to inform the first draft of the PNA. Key partners were consulted to seek their views and get initial feedback for the proposals to be set out in the draft PNA.

The list of stakeholders consulted included the following groups:

[9] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Accessed 19 Nov 2013 at: http://www.legislation.gov.uk/uksi/2013/349/made

- The Local Pharmaceutical Committee (LPC) for the area.
- The Local Medical Committee (LMC) for the area.
- Persons on the pharmaceutical list and any dispensing doctors list for the area.
- Local Healthwatch organisations in the area.
- Local Health Partnerships for Cambridge City, East Cambridgeshire and Fenland, Huntingdonshire, South Cambridgeshire.
- Other patient, consumer and community groups in the area with an interest in the provision of pharmaceutical services in the area.
- NHS trusts and NHS foundation trusts in the area.
- NHS England.
- Neighbouring HWBs.

2.3 How stakeholders were involved

A steering group was convened and met regularly during the development of the PNA (see Acknowledgements for list of steering group members). Early engagement with key stakeholders including Healthwatch, Local Health Partnerships and District Councils, voluntary and third sector organisations, pharmaceutical service providers, the Local Medical Committee, Cambridgeshire and Peterborough CCG Medicines Management team, GPs and NHS England was undertaken in advance of the formal consultation. A letter was sent out to these key stakeholders to inform them of the assessment being undertaken and meetings or briefings sessions were held where possible from July to October. Stakeholder views were gathered through feedback in meetings, via telephone or feedback online via email.

Questionnaires relating to service provision were sent out to all pharmacies and dispensing GP practices in Cambridgeshire (see Appendix 6). As part of the PNA process, the HWB in Cambridgeshire has written to neighbouring HWBs to inform them that the PNA was in development and highlight the importance of HWBs working together to ensure that commissioned enhanced services are available to residents in the border areas, regardless of which side of the border they live.

The wider public in Cambridgeshire and other interested parties were informed of the PNA and their views on the PNA were sought through a formal 60 day consultation running from 16 December 2013 to 21 February 2014 (including additional days to take account of the Christmas bank holidays). A consultation survey was produced and publicised, which sought the views of the public and their experiences of using pharmaceutical services. Posters to inform members of the public of the PNA consultation were distributed to GPs and all community pharmacies to display in public areas with copies of the consultation questionnaire (including the draft PNA executive summary). These also directed members of the public to the Cambridgeshire Insight website where they could read a full draft of the draft PNA. A call back service was in operation during the consultation to enable individuals with special needs, to access and respond to the consultation in a way which met their needs.

A good response was received to the public consultation, with 238 responses to the survey from individuals or groups. 203 of 224 respondents (91%) felt that the purpose of the PNA was explained sufficiently and 205 of 220 respondents (93%) felt that the draft PNA adequately described current pharmaceutical services in Cambridgeshire.

The feedback gathered in the consultation is described in the Consultation Report produced by the CCC Research Team (see Appendix 7) and a summary of how the draft PNA was amended to produce this final report in response to the feedback received is included as Appendix 8. The Consultation Report will also be available on the Cambridgeshire Insight website www.cambridgeshireinsight.org.uk/jsna/pna

2.4 Localities used for considering pharmaceutical services

The localities used for considering pharmaceutical services have an average population of 7,200. The localities were selected to aid local decision making that takes into account the needs for the population in these areas. Characteristics of localities are further described in Appendix 2.

2.5 Methods used for identifying providers of pharmaceutical services

The methods used for identifying providers of pharmaceutical services and creation of maps are described in Appendix 3.

2.6 Assessment of need for pharmaceutical services

Assessing need for pharmaceutical services is a complex process. In addition to taking account of all views submitted from the stakeholders outlined above, this PNA considered a number of factors, including:[10]

- The size and demography of the population across Cambridgeshire.
- Whether there is adequate access to pharmaceutical services across Cambridgeshire.
- Different needs of different localities within Cambridgeshire.
- Pharmaceutical services provided in the area of neighbouring HWBs which affect the need for pharmaceutical services in Cambridgeshire.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Cambridgeshire.
- Whether further provision of pharmaceutical services in Cambridgeshire would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area.
- Likely changes to needs in the future occurring due to changes to the size of the population, the demography of the population, and risks to the health or wellbeing of people in its area which could influence an analysis to identify gaps in the provision of pharmaceutical services.

2.7 Future PNAs and supplementary statements

The PNA will be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB.

On behalf of the HWB the Public Health Consultant with a lead responsibility for PNAs will consider the need for producing a supplementary statement every six months, in consultation with steering group members.

[10] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: http://www.legislation.gov.uk/uksi/2013/349/made. (Accessed 19 Nov 2013.)

3 Context for the Pharmaceutical Needs Assessment

Key messages:

The PNA for Cambridgeshire is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described in the Cambridgeshire Joint Strategic Needs Assessment. This PNA does not duplicate these detailed descriptions of health needs in the relevant JSNAs and should be read in conjunction with the JSNA.

Cambridgeshire is a predominantly rural county with few urban settlements, which can create challenges for local transport and access to services. The health of the Cambridgeshire population is generally similar to or better than the England average, but important local variations exist within the county.

3.1 Joint Strategic Needs Assessments

A JSNA is the means by which partners in the Health and Wellbeing Board describe the health, care and wellbeing needs of the local populations and seeks to identify a strategic direction of service delivery to meet those needs.[11]

The aim of a joint strategic needs assessment is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. This includes:

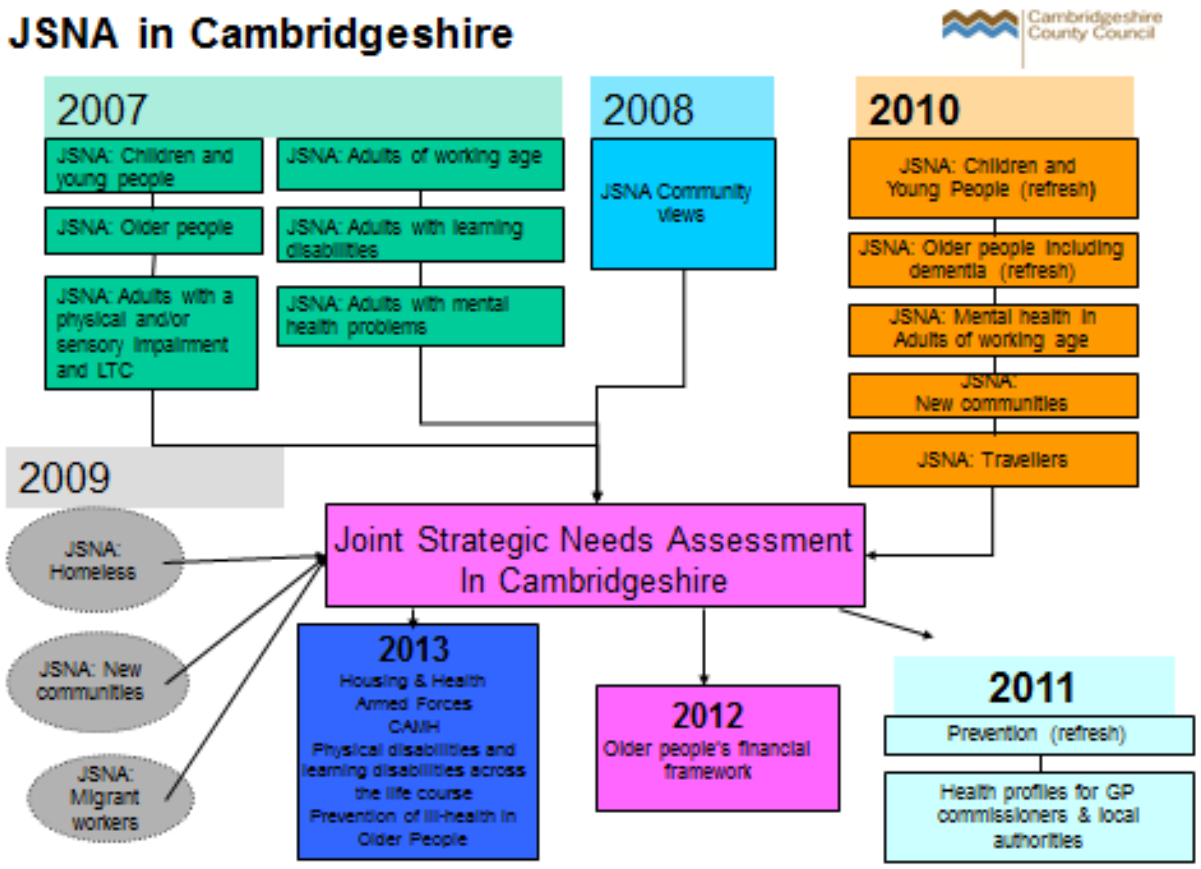
- Providing analyses of data to show the health and wellbeing status of local communities.
- Defining where inequalities exist.
- Providing information on local community views and evidence of effectiveness of existing interventions which will help to shape future plans for services.
- Highlighting key findings based on the information and evidence collected.[12]

The Cambridgeshire insight website www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment publishes all the local JSNA reports and supporting documentation, including additional data and specific topic area reports for the local area. The JSNAs developed for Cambridgeshire are shown in **Figure 1**.

The data that underpins the JSNA has been updated and includes a new county and district health atlas www.cambridgeshireinsight.org.uk/interactive-maps. A local Public Health Outcomes Framework document containing district data and profiles for the Clinical Commissioning Group (CCG) and Local Commissioning Groups (LCGs) can be found at www.cambridgeshireinsight.org.uk/health.

[11] Cambridgeshire JSNA. 'What is the joint strategic needs assessment?'
Available at: http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/what-jsna
[12] Ibid.

Figure 1. Joint Strategic Needs Assessments developed for Cambridgeshire



3.2 Cambridgeshire Health and Wellbeing Board

The Cambridgeshire Health and Wellbeing Board and Network brings together leaders from local organisations which have a strong influence on health and wellbeing, including the commissioning of health, social care and public health services. The HWB focuses on planning the right services for Cambridgeshire and securing the best possible health and wellbeing outcomes for the local community.[13]

The work of the Board is guided by the Cambridgeshire Health and Wellbeing Strategy 2012-17. The Strategy sets out the priorities the HWB and Network feel are most important for local people, based on the JSNA and other relevant sources of information.

The strategy includes the following six key priorities:[14]

1. Ensure a positive start to life for children, young people and their families.
2. Support older people to be independent, safe and well.
3. Encourage healthy lifestyles and behaviours in all actions and activities whilst respecting people's personal choices.
4. Create a safe environment and help to build strong communities, wellbeing and mental health.
5. Create a sustainable environment in which communities can flourish.
6. Work together effectively.

[13] Cambridgeshire Health and Wellbeing Board. Available at: http://www.cambridgeshire.gov.uk/council/partnerships/health-wellbeing-board.htm
[14] Ibid.

3.3 Cambridgeshire and Peterborough Clinical Commissioning Group

The Cambridgeshire and Peterborough CCG is the clinical commissioning body for the county of Cambridgeshire and the Unitary Authority of Peterborough. In addition, the CCG also includes some GP practices in Hertfordshire and Northamptonshire. The 'boundary' for the CCG is illustrated in **Map 1**. It should be noted that the boundary for the CCG is not the same boundary as for the Cambridgeshire Health and Wellbeing Board and therefore this PNA relates only to Cambridgeshire. Peterborough Health and Wellbeing Board is responsible for assessing pharmaceutical needs for Peterborough and producing a separate Pharmaceutical Needs Assessment.

Cambridgeshire and Peterborough CCG is described in their document *Prospectus 2013*.[15] The CCG is responsible for designing and buying health services for around 878,000 people across Cambridgeshire, Peterborough, Hertfordshire and Northamptonshire. The CCG is responsible for the £854 million health care commissioning budget for the area and consist of 108 practices and 824 GPs. Clinicians are involved at every level of decision-making.

Cambridgeshire and Peterborough CCG is a large CCG and a federated structure has been set up with eight Local Commissioning Groups (LCGs) to promote delivery of quality healthcare services locally. The role of each LCG is to tailor services to the needs of their local communities whilst benefiting from being part of a larger CCG. The eight LCGs are:

- Borderline
- Peterborough
- Cam Health
- CATCH
- Hunts Health
- Hunts Care Partners
- Isle of Ely
- Wisbech

Cambridgeshire and Peterborough CCG has identified three priorities they will focus on:[16]

1. Tackling inequalities in Chronic Heart Disease.
2. Improving Older People's services.
3. Improving End of Life Care.

More information can be found at: http://www.cambridgeshireandpeterboroughccg.nhs.uk/

3.4 Outcomes Frameworks

In addition to local priorities there are national priority areas for improvement in health and wellbeing. The Department of Health has published outcomes frameworks for the NHS, CCGs, Social Care, and Public Health which offer a way of measuring progress towards achieving these aims. The Public Health Outcomes Framework (PHOF) for England, 2013-2016 sets out desired outcomes for public health, focussing on two high-level outcomes:

- Increased healthy life expectancy

[15] Cambridgeshire and Peterborough Clinical Commissioning Group. Prospectus 2013. Available at: http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/Patient%20information/Prospectus%202013.pdf (Last accessed 19 Nov 2013)
[16] 'Our Priorities'. Available at: http://www.cambridgeshireandpeterboroughccg.nhs.uk/our-priorities.htm (Last accessed 19 Nov 2013)

- Reduced differences in life expectancy and healthy life expectancy between communities

In Cambridgeshire data have been gathered for a local version of the PHOF baseline measures to include data at lower-tier local authority (district) level. This local summary can help to highlight sub-county inequalities and monitor progress.

More information about the PHOF in Cambridgeshire and other areas can be found at:

http://www.cambridgeshireinsight/health/phof

http://www.longerlives.phe.org.uk

3.5 Locations in Cambridgeshire

There are five district councils in Cambridgeshire: Cambridge City, East Cambridgeshire, Fenland, Huntingdonshire and South Cambridgeshire. These districts can be more locally described by electoral wards or Middle Super Output Areas (MSOAs) (see **Map 2)**.

Close to the county borders of Cambridgeshire there are three large settlements, Wisbech, Whittlesey and St Neots. Eight areas border Cambridgeshire– Norfolk, Suffolk, Peterborough, Northamptonshire, Bedfordshire, Hertfordshire, Essex and Lincolnshire.

There are important differences in health across Cambridgeshire, as illustrated in **Map 3**. Map 3 uses data from the 2011 Census to illustrate the proportion of the population in different areas of Cambridgeshire who report being in good or very good health. Broadly, the map shows that relatively fewer people report being in good health in the northern areas of the county. The data in the map have been age standardised, which means that the differences in self-reported health are not due to differences in age.

Public Health England's annual Health Profiles give a snapshot of the overall health of each local authority in England. The profiles present a set of important health indicators that show how each area compares to the national average in order to highlight potential problem areas. A local health briefing giving information for each district council area is available on the Cambridgeshireinsight website.[17] A summary of the health of the population in districts in Cambridgeshire is also further described in the Cambridgeshire JSNA Phase 6 Summary Report 2012.[18]

3.6 Characteristics of the population in Cambridgeshire

3.6.1 Demography

The mid 2013 population of Cambridgeshire was approximately 634,000 people.[19] The age composition of the population varies by district, with more people aged 65 years or older living in eg Fenland compared to other areas in the county (see **Map 4)**.

[17] Available at: http://www.cambridgeshireinsight.org.uk/health
[18] CCC and NHS Cambridgeshire. 'Cambridgeshire JSNA Phase 6 Summary Report 2012.' Available at http://www.cambridgeshireinsight.org.uk/cambridgeshire-joint-strategic-needs-assessment-jsna/jsnasummaryreport2013
[19] Revised 2010-based CCC Research and Performance Team forecasts, in light of the 2011 Census

The population is forecast to increase substantially in the coming years, with the biggest increases seen in the age group of over 65 years. There are also several major housing developments underway across Cambridgeshire. The impact of this population growth on pharmaceutical needs is discussed in Chapter 6 of the PNA.

3.6.2 Deprivation

Pockets of deprivation are found in Cambridge City, Huntingdonshire, and Fenland (see **Map 5**).

3.6.3 Ethnicity

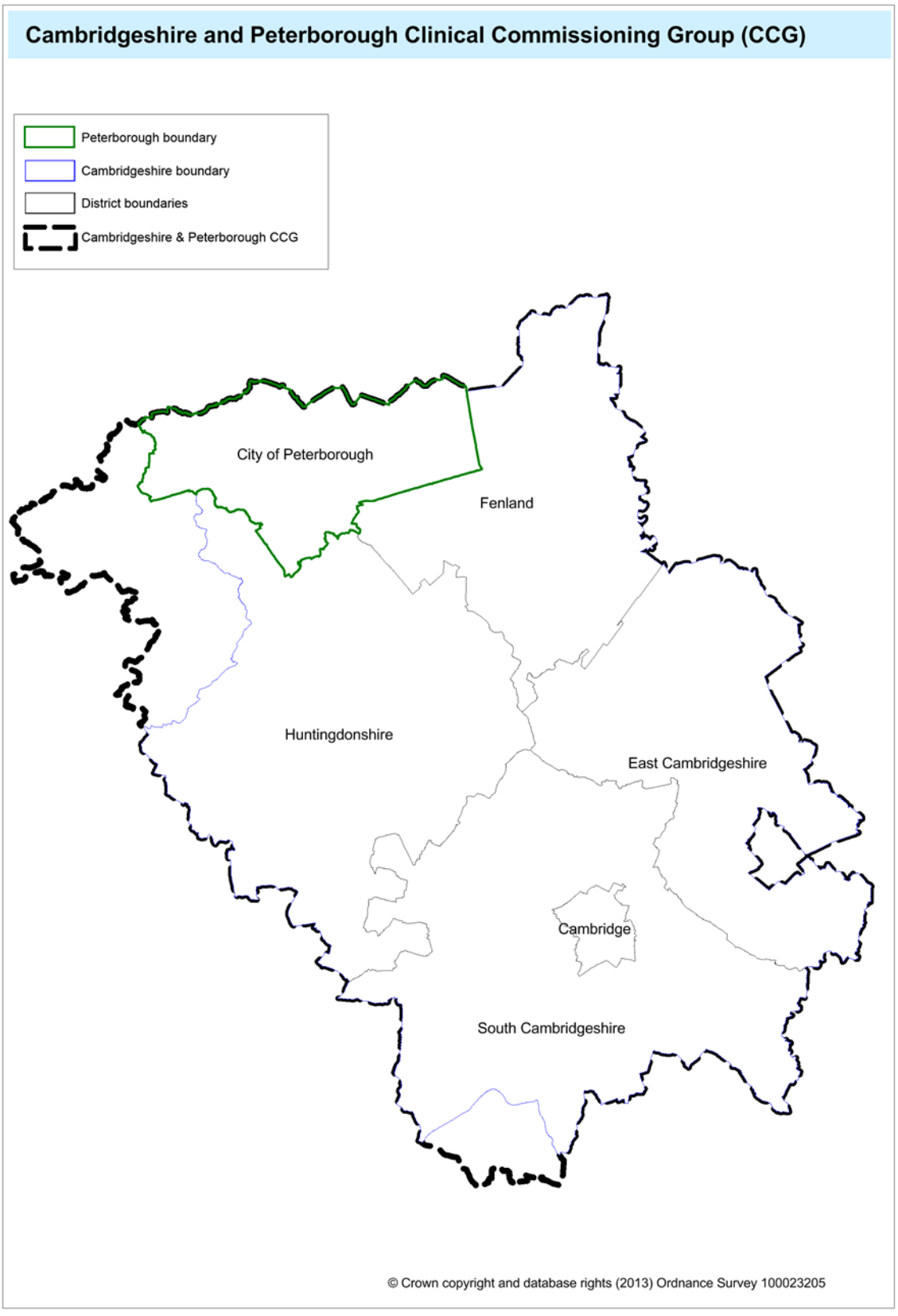
Data from the 2011 Census indicates that the number of foreign-born individuals living in the Cambridgeshire increased from 48,556 to 85,698 people during 1995-2010, an increase of 77%. Around 1% of the foreign-born population in England reside in the Cambridgeshire.[20] Considerable populations of Travellers and migrant workers also reside in Cambridgeshire.

3.6.4 Interactive atlas with indicators of the local population

As highlighted in the most recent JSNA summary report, [21] an interactive map of key demographic and health-related data has been created that illustrates the latest available data by local authority district for a number of key indicators relating to the health of the local population.[22]

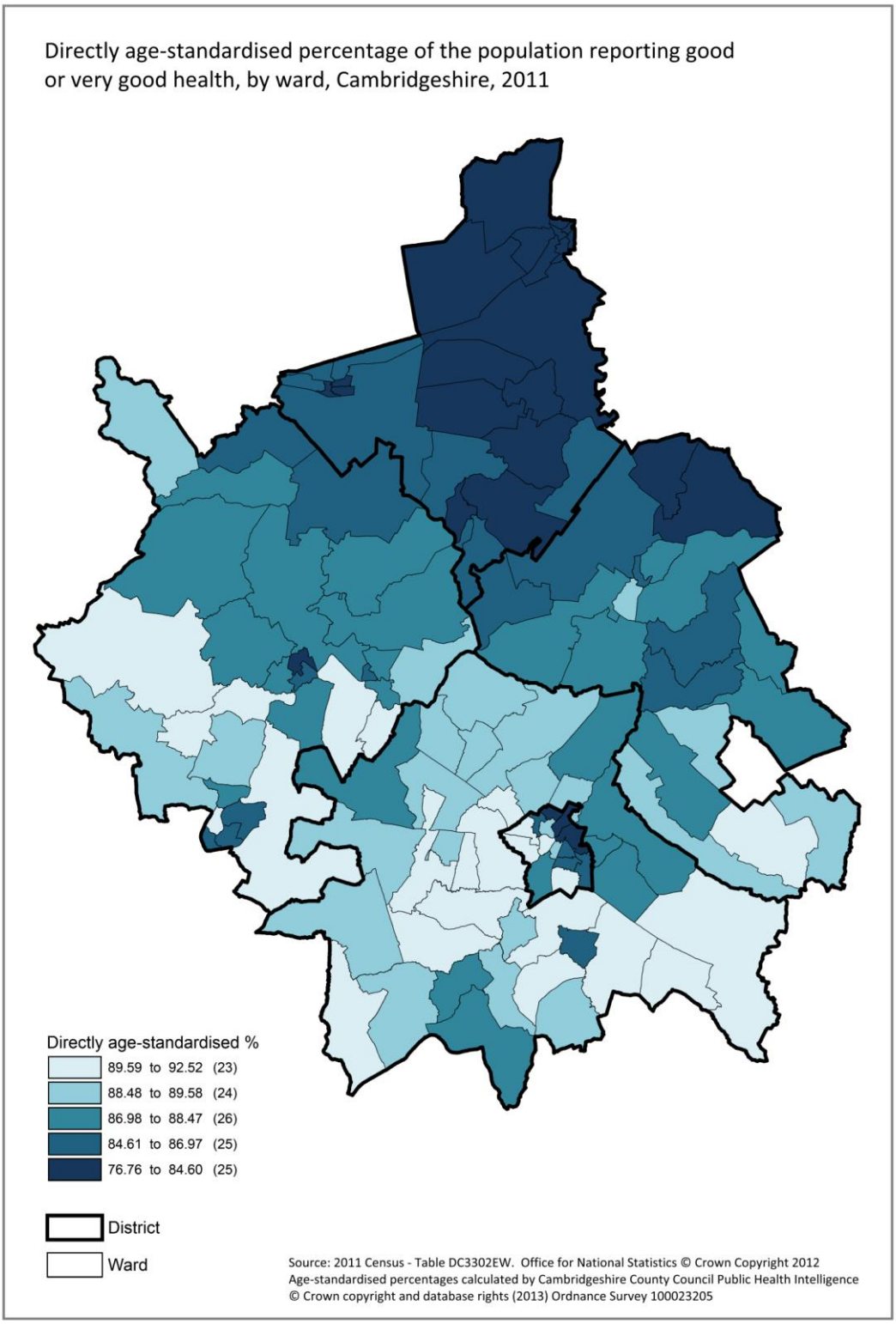
[20] http://www.migrationobservatory.ox.ac.uk/sites/files/migobs/Migrants%20in%20the%20UK-Overview_0.pdf (Accessed 1st October 2013).
[21] CCC and NHS Cambridgeshire. Cambridgeshire Joint Strategic Needs Assessment (JSNA) Summary Report 2012-2013. Final Report 28/05/2013. Accessed at: http://www.cambridgeshireinsight.org.uk/cambridgeshire-joint-strategic-needs-assessment-jsna/jsnasummaryreport2013
[22] Available at: http://www.cambridgeshireinsight.org.uk/interactive-maps/health.

Map 1. Boundary of Cambridgeshire and Peterborough Clinical Commissioning Group

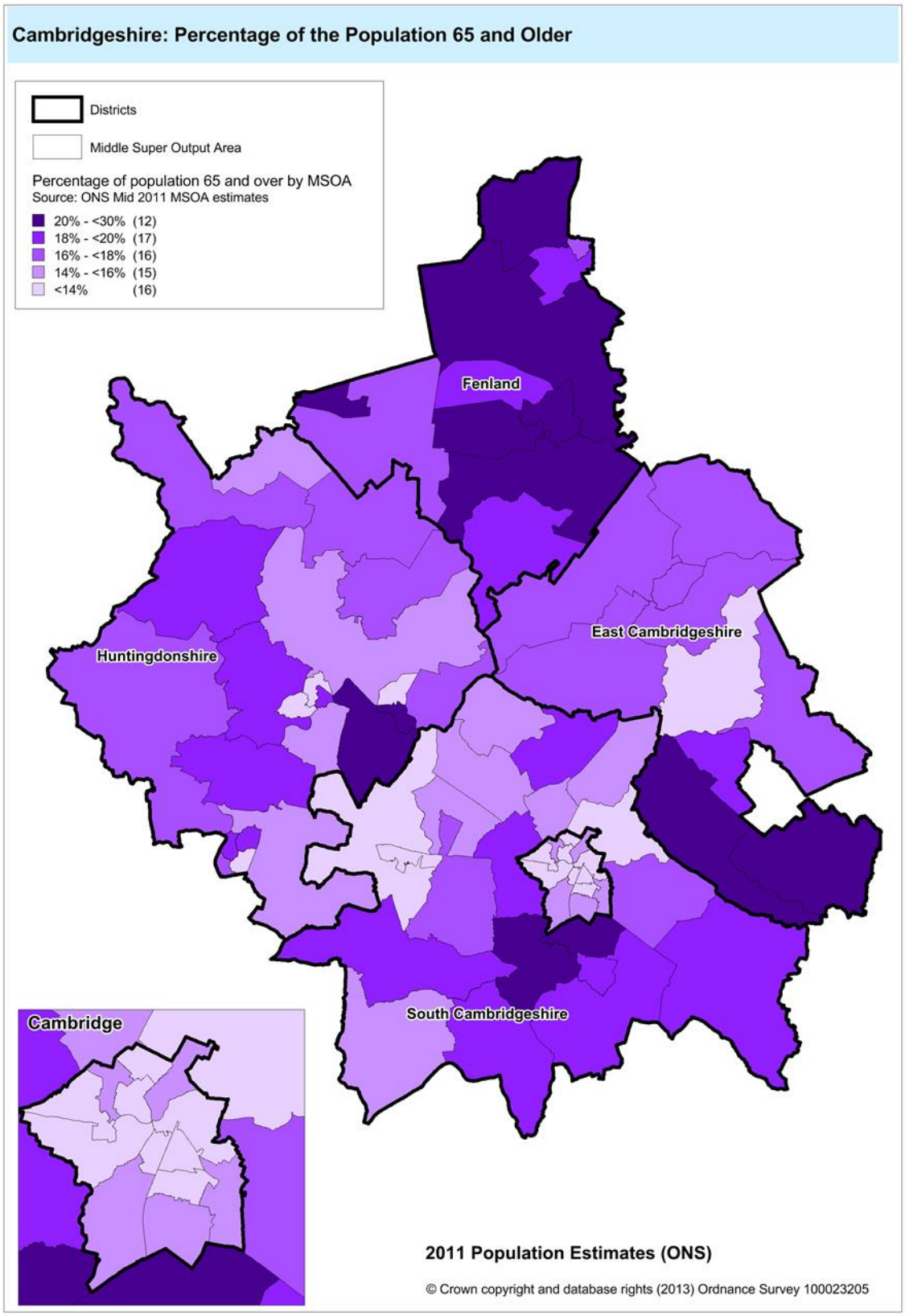


Map 2. Middle layer Super Output Areas (MSOAs) in Cambridgeshire

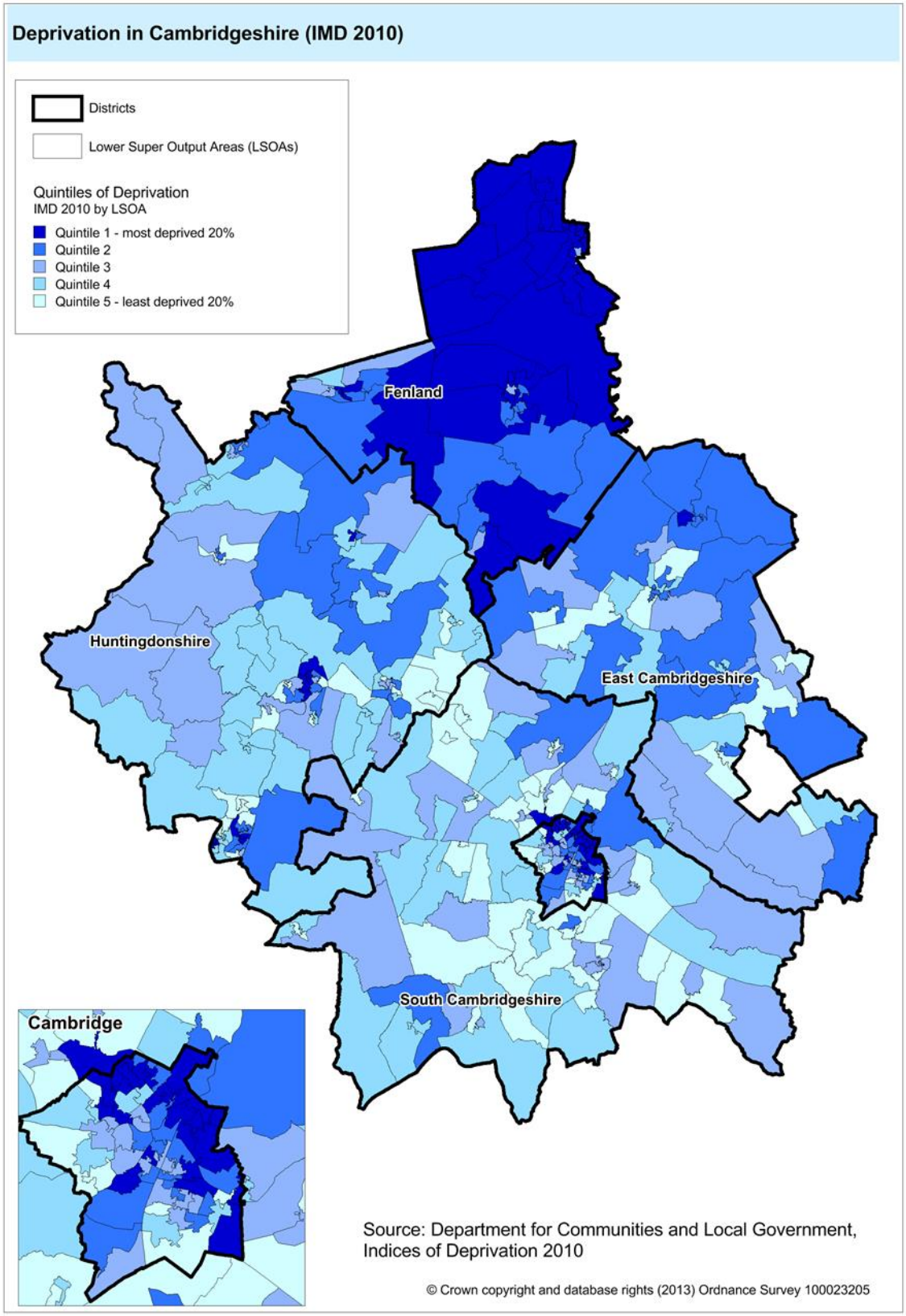
Map 3. Directly age-standardised percentage of the population reporting good or very good health, by ward, Cambridgeshire 2011



Map 4. Percentages of the population in Cambridgeshire aged 65 years or older



Map 5. Deprivation in Cambridgeshire



4 Current Provision of NHS Pharmaceutical Services

Key messages:

Cambridgeshire is well provided for by pharmaceutical service providers. There are 109 pharmacies across Cambridgeshire, an increase from 101 reported in the previous PNA in 2011. There are 43 dispensing GP practices, unchanged from 2011. There is also adequate access for the dispensing of appliances.

There are 24 pharmaceutical service providers per 100,000 registered population in Cambridgeshire. This is slightly more than in 2011 and also slightly higher than the national average of 23 per 100,000. This PNA has not identified a current need for new NHS pharmaceutical service providers in Cambridgeshire.

The majority of respondents to the public consultation (88%) felt that the needs for pharmacy services for the population of Cambridgeshire have been adequately identified in this PNA. 82% (179 out of 218) agreed that currently we do not need more pharmacies in Cambridgeshire and only 5% (13 individuals) suggested that additional pharmacies were required. 89.0% of pharmacies and 88.4% of dispensing GP surgeries responded to the PNA questionnaire about service provision. Of those responding 100% considered provision to be either 'excellent' 'good' or 'adequate'. No responder considered provision to be 'poor'.

Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS pharmaceutical services in Cambridgeshire. There appears to be good coverage in terms of opening hours across the county. 89% (201 out of 225) of respondents to the public consultation agreed that pharmacy services are currently available at convenient locations and opening times, although 14 (6%) suggested that some pharmacies could offer more convenient opening hours at lunchtimes, evenings or weekends. Overall, out of 109 community pharmacies, 50 (46%) are open after 6pm and 30 (28%) are open after 7pm on weekdays; 87 (80%) open on Saturdays; and 24 (25%) open on Sundays. These findings are similar to those in the 2011 PNA. The extended opening hours of some community pharmacies are valued and these extended hours should be maintained.

Home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport. Many pharmacies and dispensing surgeries have wheelchair access.

This chapter describes the current provision of NHS pharmaceutical services, which were explained in Chapter 1: Introduction and are defined in the Regulations.[23]

The chapter includes a description of the number and locations of community pharmacies, dispensing GP practices and national Dispensing Appliance Contractors (DACs) premises. The levels of provision of pharmaceutical services locally are compared with provision elsewhere, and are considered in the context of feedback from local stakeholders.

[23] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. http://www.legislation.gov.uk/uksi/2013/349/made (accessed 19 Nov 2013)

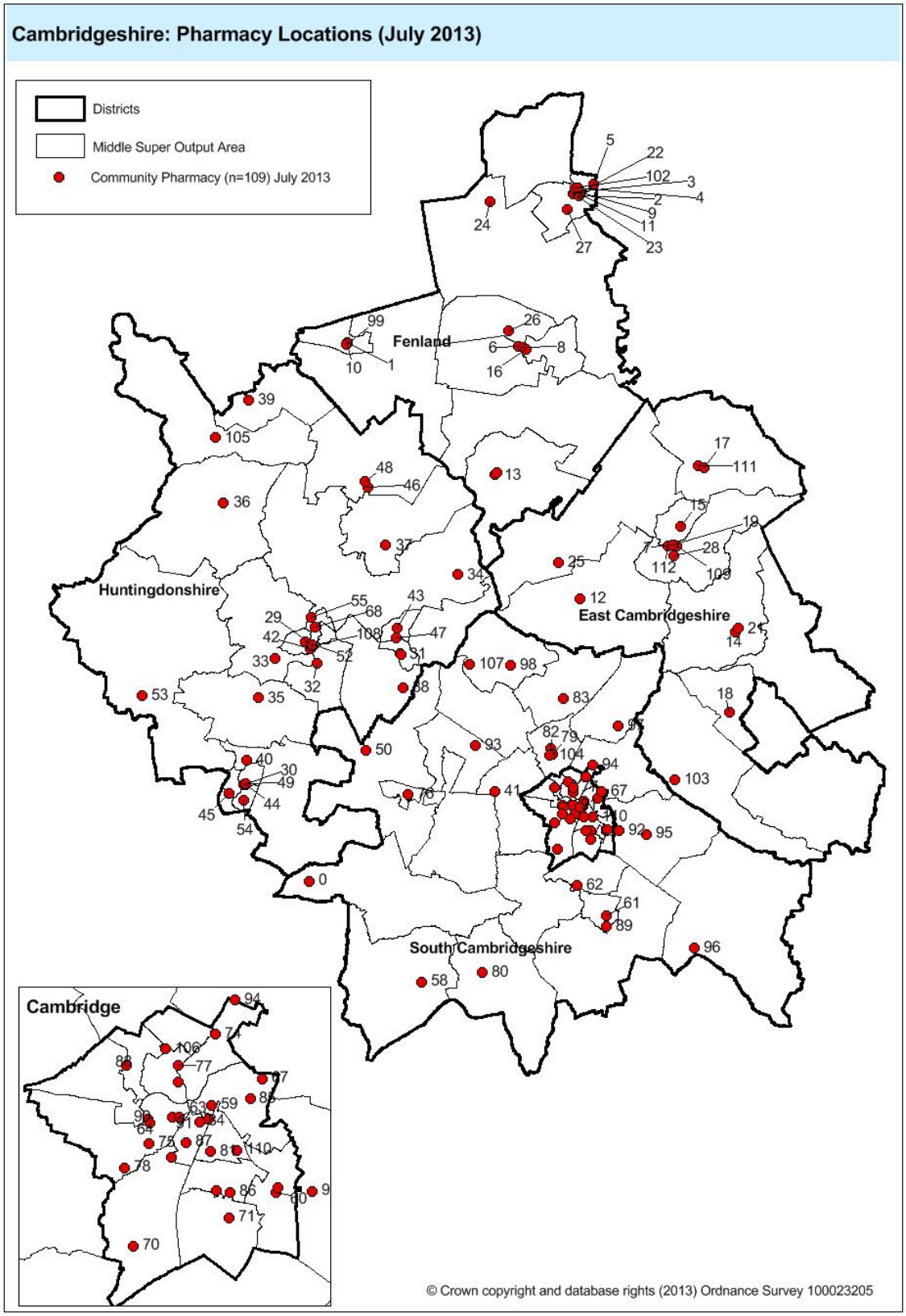
4.1 Service Providers – numbers and geographical distribution

This PNA identifies and maps the current provision of pharmaceutical services in order to assess the adequacy of provision of such services. Information was collected up until 31/07/2013. Up-to-date information on community pharmacies (including opening hours) is available on the NHS website: www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx

4.1.1 Community pharmacies

There were a total of 109 community pharmacies within Cambridgeshire as of 31/07/2013. The names of the community practices within Cambridgeshire are listed in Appendix 4 and their locations shown in **Map 6**.

Map 6. Pharmacy Locations (for key code see list of pharmacies in Appendix 4)



4.1.2 Dispensing GP practices

The rurality of parts of Cambridgeshire lead to relatively high numbers of dispensing GP practices. Dispensing GP practices make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies.

There were 43 dispensing GP practices within Cambridgeshire as of 31/07/2013. The names of the dispensing GP practices within Cambridgeshire are listed in Appendix 5 and their locations shown in **Map 7**.

Out of 639,267 people registered with a GP in Cambridgeshire, 128,190 people (20.1%) were registered with a dispensing GP practice as of 25/09/2013. It should be noted that some of these patients may have an address outside Cambridgeshire, and similarly some patients with an address in Cambridgeshire could be registered with a practice in another county. The precise numbers for how many patients this relates to cannot easily be obtained (this may become easier in the future as the databases for different regions are currently being merged), but it can be assumed that most people registered with a GP practice in Cambridgeshire actually reside in Cambridgeshire, and vice versa.

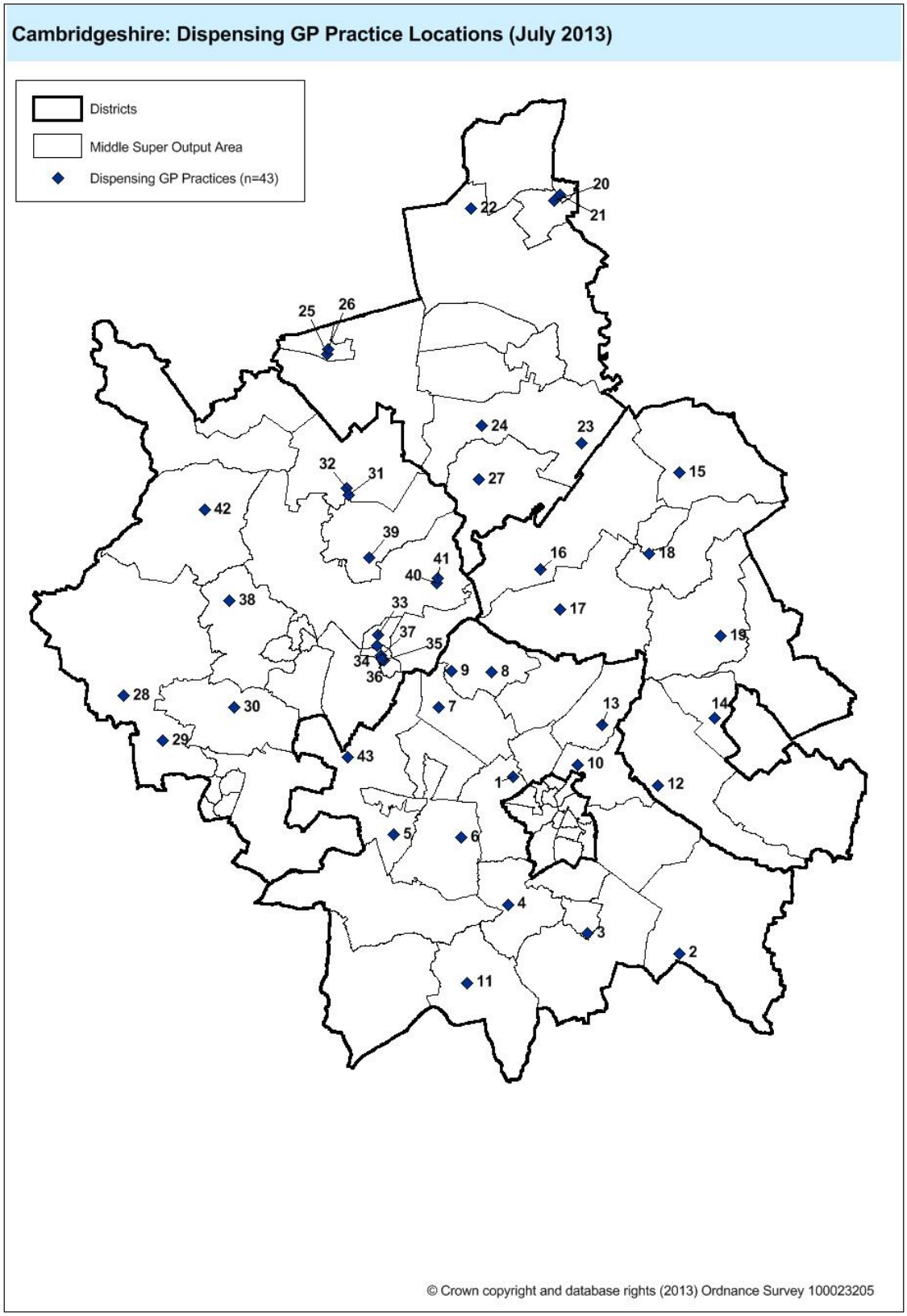
Access to GPs in general (not only dispensing practices) appears to be good in Cambridgeshire compared to the East of England and England. Cambridgeshire has more full time GPs per 100,000 registered population than both the SHA and England average (see **Table 1**). For locations of GP practices in Cambridgeshire, see **Map 8**.

Table 1. Average numbers of full time equivalent GPs per 100,000 registered population, 2012

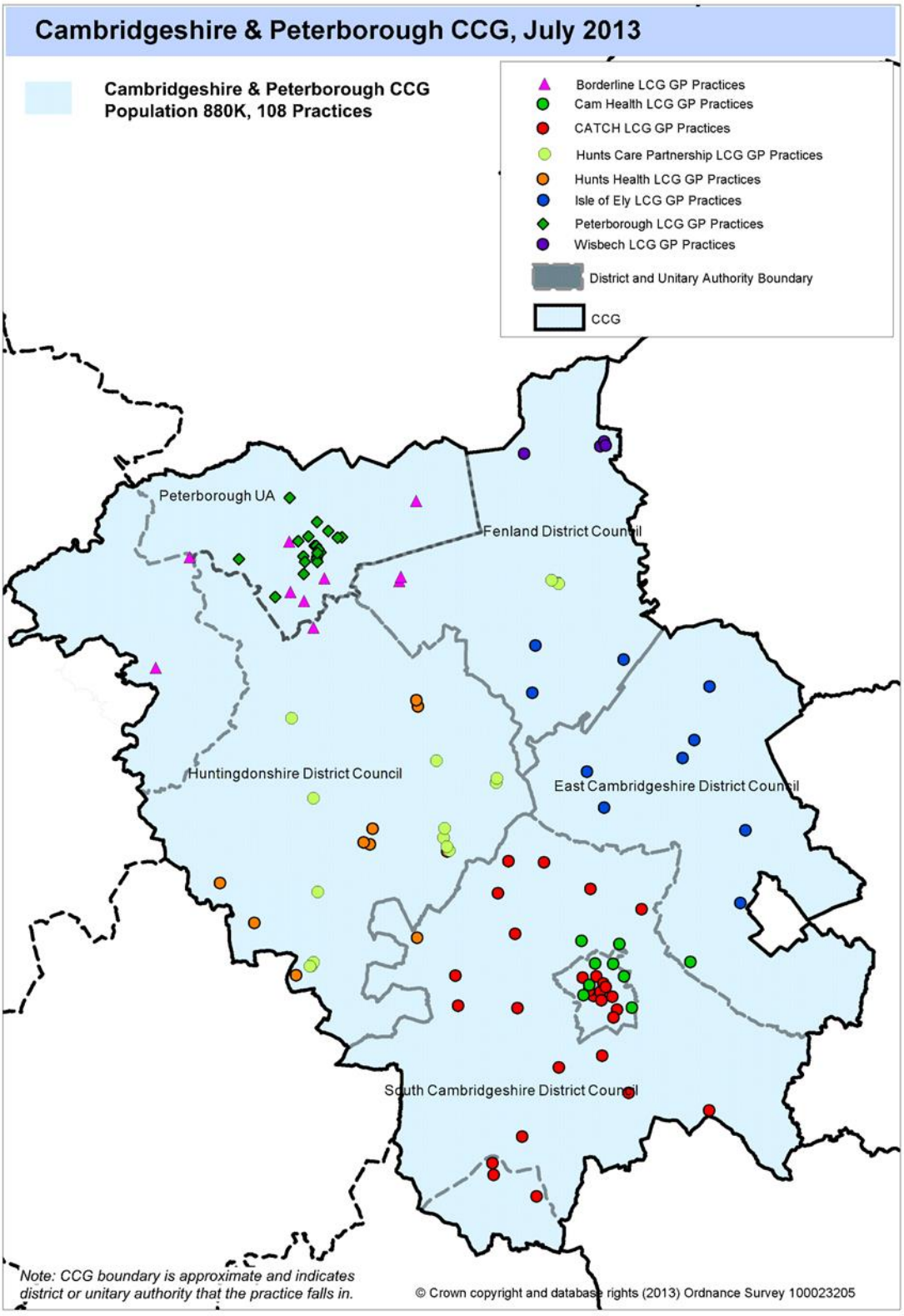
Cambridgeshire	East of England SHA	England
70.5	63.0	66.9

Source: Information Centre NHS Staff Workforce Census Table 10b
Available at: http://www.hscic.gov.uk/catalogue/PUB09536.

Map 7. Dispensing GP Practice Locations (for key codes see list in Appendix 5)



Map 8. Locations of GP practices in Cambridgeshire & Peterborough CCG


Cambridgeshire & Peterborough CCG, July 2013
Cambridgeshire & Peterborough CCG
Population 880K, 108 Practices
Borderline LCG GP Practices
Cam Health LCG GP Practices
CATCH LCG GP Practices
Hunts Care Partnership LCG GP Practices
Hunts Health LCG GP Practices
Isle of Ely LCG GP Practices
Peterborough LCG GP Practices
Wisbech LCG GP Practices
District and Unitary Authority Boundary
CCG
Peterborough UA
Fenland District Council
Huntingdonshire District Council
East Cambridgeshire District Council
South Cambridgeshire District Council
Note: CCG boundary is approximate and indicates district or unitary authority that the practice falls in.
© Crown copyright and database rights (2013) Ordnance Survey 100023205

4.1.3 Distance selling pharmacies

There was one mail order/wholly internet pharmacy within Cambridgeshire as of 31/07/2013. This pharmacy opened in Madingley in May 2013; two other such pharmacies have existed in the county but both closed earlier in 2013.

Patients have the right to access pharmaceutical services from any community pharmacy including mail order/wholly internet pharmacy of their choice and therefore can access any of the many internet pharmacies available nationwide.

4.1.4 Dispensing Appliance Contractors

There is currently one Dispensing Appliance Contractor (DAC) within Cambridgeshire: Fittleworth Medical, Histon. Appliances are also available from community pharmacies, dispensing GP practices and other DACs from outside the county.

From the questionnaires sent out to Cambridgeshire pharmaceutical service providers, 85 of the 97 pharmacies that responded (87.6%) reported that they provided all types of appliances. In addition, some pharmacies provide certain types of appliances. 23 of 38 (60.5%) dispensing GP practices who returned the questionnaire reported providing all types of appliances. In addition, several such practices provided certain types of appliances. Further detail can be found in the results from the pre-consultation questionnaires reported in Appendix 6.

Dispensing of appliances has not been raised as an issue during the pre-consultation on the PNA. On the basis of this information, it can be concluded that there is adequate access to these services in Cambridgeshire.

4.1.5 Hospital pharmacies

There are four hospital pharmacies providing services to the Cambridgeshire population:

- Addenbrooke's
- Papworth
- Hinchingbrooke
- Cambridgeshire and Peterborough Mental Health Trust

In addition, pharmacy services are provided to community hospitals run by Cambridgeshire Community Services NHS Trust.

4.1.6 Pharmacy services in prisons

There are pharmacy services provided to HMP Whitemoor and HMP/YOI Littlehey.

4.1.7 Essential Small Pharmacy Local Pharmaceutical Services scheme

Cambridgeshire has one community pharmacy located in Kimbolton which receives payment under the Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS) scheme as of 31/07/2013. The ESPLPS scheme, which involves giving extra support to some essential small pharmacies, is due to stop in April 2015.

4.1.8 Stakeholder feedback and comparison with findings in the 2011 PNA

The majority of respondents to the public consultation (88%) felt that the needs for pharmacy services for the population of Cambridgeshire have been adequately identified in this PNA. 82% (179 out of 218) agreed that currently we do not need more pharmacies in

Cambridgeshire and only 5% (13 individuals) suggested that additional pharmacies were required (see Appendix 8).

In the 2011 PNA consultation, most respondents (83%) agreed Cambridgeshire was well provided for by community pharmacies. Before the 2011 consultation, patient focus groups were asked if there was a need for more pharmaceutical providers. The report from the focus groups stated: "There was consensus that the number of pharmacies and dispensing GPs (DDs) available is adequate, and access to pharmacies and DDs was also felt to be good."

In both 2013 and 2011 the questionnaire sent to pharmacies and dispensing GP practices did not identify any need for further providers. In 2011, a questionnaire sent to other stakeholders had nine responses; two stated that there was a need for further providers but did not suggest where these would be required.

The following changes to the numbers of providers were noted since the 2011 PNA:

- On 01/01/2011 there were 101 pharmacies in Cambridgeshire. This had increased to 109 pharmacies on 31/07/2013.
- On 01/01/2011 there were 43 dispensing GP practices within Cambridgeshire. This was unchanged at 43 dispensing GP practices on 31/07/2013.
- The number of DACs is also unchanged at 1.
- The 2011 PNA estimated that there was on average one pharmaceutical service provider per 4,255 people in Cambridgeshire. The present PNA estimated one service provider per 4,171 people. This suggests that the number of pharmaceutical service providers per 1,000 population in the county is stable or slightly increased.

4.1.9 Comparison with pharmaceutical service provision elsewhere

Assuming a population of 634,000 people in Cambridgeshire and 152 providers of pharmaceutical services (including 109 community pharmacies and 43 dispensing GPs), there is on average one service provider per 4,171 people. Stated in a different way, there are 24.0 pharmaceutical service providers per 100,000 people in Cambridgeshire. This is higher than the national average of 23.0 pharmaceutical providers per 100,000 (see **Table 2)**.

Table 2. Average numbers of pharmaceutical providers (community pharmacies or dispensing GPs) per 100,000 registered population, 2011/12

Cambridgeshire	East of England SHA	England
24	23	23

Source: NHS Prescription Services of the NHS Business Services Authority, Population data - Office for National Statistics. Dispensing Practices in England from NHS Business Authority.

Information about pharmaceutical providers in other areas in England is shown in **Table 3**. In terms of community pharmacies, there were 21 pharmacies per 100,000 population in England in 2011/12 and the East of England SHA average was 19 per 100,000.[24] The number of community pharmacies per 100,000 population ranged from 25 community

[24] http://www.parliament.uk/briefingpapers/commons/lib/research/briefings/snsg-02716.pdf

pharmacies per 100,000 population in the North West to 18 per 100,000 population in South Central.

Table 3. Community Pharmacies and Dispensing GPs by SHA, 2011/12

	Number of community pharmacies 2011-12	*Prescription items dispensed per month (000)s 2011-12*	*Number of dispensing practices (Jan 2012)*	*Population (000)s Mid 2011*	*Pharmacies per 100,000 population 2011-12*	*Pharmaceutical providers per 100,000 population 2011-12*
ENGLAND	**11,236**	**73,568**	**1,097**	**53,107**	**21**	**23**
North East	594	4,895	45	2,596	23	25
North West	1,764	11,978	56	7,056	25	26
Yorkshire and the Humber	1,178	8,241	126	5,288	22	25
East Midlands	897	6,242	154	4,537	20	23
West Midlands	1,255	7,975	84	5,609	22	24
East Of England	1,119	7,290	250	5,862	19	23
London	1,825	9,360	-	8,204	22	-
South East Coast	842	5,585	105	4,476	19	21
South Central	736	4,796	94	4,177	18	20
South West	1,026	7,208	183	5,301	19	23

*** there are no dispensing practices in London**

Source: NHS Prescription Services of the NHS Business Services Authority, Population data - Office for National Statistics. Dispensing Practices in England from NHS Business Authority.

Within the East of England, the lowest level was 16 pharmacies per 100,000 population in Mid Essex and the highest number was 24 per 100,000 in Great Yarmouth and Waveney (see **Table 4**). In Cambridgeshire the level was slightly lower than average, at 18 per 100,000. However, this does not take into account the number of dispensing GPs.

The mean number of items dispensed by pharmacies in Cambridgeshire for 2011/12 was 6,147. This is lower than both the average for the East of England (6,515) and for the whole of England (6,548) (see **Table 4**).

Table 4. Number of community pharmacies per 100,000 population, 2011/12

	Number of community pharmacies 2011-12	Prescription items dispensed per month (000)s, 2011-12	Population (000)s, Mid 2011	Pharmacies per 100,000 population, 2011-12	Mean items dispensed per pharmacy per month
ENGLAND	**11,236**	**73,568**	**53,107**	**21**	**6,548**
EAST OF ENGLAND	**1,119**	**7,290**	**5,862**	**19**	**6,515**
Bedfordshire	69	452	413	17	6,551
Cambridgeshire	**109**	**670**	**622**	**18**	**6,147**
Great Yarmouth and Waveney	52	332	213	24	6,385
Hertfordshire	242	1,409	1,120	22	5,822
Luton Teaching	42	265	204	21	6,310
Mid Essex	61	447	375	16	7,328
Norfolk	130	913	762	17	7,023
North East Essex	56	514	312	18	9,179
Peterborough	42	261	184	23	6,214
South East Essex	75	453	346	22	6,040
South West Essex Teaching	83	538	407	20	6,482
Suffolk	110	686	615	18	6,236
West Essex	48	351	290	17	7,313

Source: NHS Prescription Services of the NHS Business Services Authority. Population data – Office of National Statistics 2011 mid-year estimates based on 2011 Census.

4.1.10 Results of questionnaires sent to pharmacies and dispensing GP practices

89.0% of community pharmacies and 88.4% of dispensing GP practices in Cambridgeshire responded to the PNA questionnaire about service provision.

Results from the questionnaires showed that 100% of responders considered provision to be 'excellent' (51.2% of pharmacies and 70.5% of dispensing GP practices), 'good' (43.9% of pharmacies and 20.6% of dispensing GP practices) or 'adequate' (4.9% of pharmacies and 8.8% of dispensing GP practices). No responder considered provision to be 'poor'.

Similarly, most responders (87.8% of pharmacies and 97.1% of dispensing GP practices) responded 'no' to the question 'Do you feel there is a need for more pharmaceutical service providers in your locality?'

4.1.11 Costs to NHS England for opening new pharmacies

A couple of responses to the public consultation suggested that opening more pharmacies might generate market competition and encourage competitive, high quality care. It is worth noting that there is a cost to the local health economy of opening a new pharmacy, if NHS England approve an application, so it is important to assess pharmaceutical need.

As well as paying pharmacies a fair reimbursement for the costs of the prescription drugs they dispense, there are three main categories of payments that NHS England makes to community pharmacies in England.

- Professional Fees – the payment for dispensing the prescription items and several associated fees recognise the extra work entailed to obtain and or dispense the items eg for supply of Controlled drugs, unlicensed medicines, appliances etc.
- Payments for Essential Services: these include a variety of fees eg establishment and practice payments the size of which are determined by prescription item number; and more particular fees that are paid to each participating contractor eg for repeat dispensing, electronic transfer of prescriptions.
- Payments for Advanced service – these payments are for a variety of services to support patients with their usage of medicines and appliances. These payments are generally limited to an upper ceiling payment per pharmacy.

The payment system to pharmacies is quite complex and it is difficult to determine the 'extra costs' to the health economy for an extra pharmacy. However, for each additional pharmacy dispensing over 3,500 items per month (a relatively low number) and a mid-range of additional services it can be estimated that the extra costs for having a new pharmacy contract would be approximately £40k.

4.1.12 Considerations of service providers available

The distribution of pharmacies and dispensing GP practices appears to cover the county well with few gaps and some concentrations, which could indicate overprovision. Some geographical gaps appear to exist in some of the less populated areas in the north and southern fringes of the county (see **Maps 6 and 7**) but these localities are served by suppliers from outside the county (see **Map 10**). Access to services in these areas will be further discussed in section 4.2.

Taking into account information from stakeholders, the number and distribution of pharmaceutical service provision in Cambridgeshire appears to be adequate. There is no current need identified for more pharmaceutical providers at this time.

4.2 Accessibility

Review of the accessibility of NHS Pharmaceutical Services in Cambridgeshire in terms of locations, opening hours and access for people with disabilities, suggest there is adequate access. There appears to be good coverage in terms of opening hours across the county.

89% (201 out of 225) of respondents to the public consultation agreed that pharmacy services are currently available at convenient locations and opening times.

The extended opening hours of some community pharmacies are valued and these extended hours should be maintained. Many pharmacies and dispensing surgeries have wheelchair access and home delivery services, which can help to provide medications to those who do not have access to a car or who are unable to use public transport.

4.2.1 Distance, travel times, and delivery services

The 2008 White Paper *Pharmacy in England: Building on strengths – delivering the future* states that it is a strength of the current system that community pharmacies are easily accessible, and that 99% of the population – even those living in the most deprived areas –

can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport.[25]

Map 9 shows the locations of both pharmacies and dispensing practices in Cambridgeshire, together with the major roads in the county.

Map 10 was created to identify which areas in Cambridgeshire were within and which were not within a 20 minute driving distance of either a pharmacy or a dispensing practice as of 31/07/2013. For this map pharmacies and dispensing practices could be located either within the county or outside of the county. Road speed assumptions were made dependent on road type, and ranged up to 65mph (for motorways) but down to 20mph in urban areas, and just 15mph in Cambridge City.

Map 10 indicates that there are some pockets in Cambridgeshire where it is necessary to drive more than 20 minutes by car to access a pharmacy or dispensing surgery. However, these areas are to a large extent uninhabited. In terms of postal addresses, across all of Cambridgeshire, there are only 67 postal addresses registered as a residential property that are located more than 20 minutes away by car from a pharmacy or dispensing surgery.

Therefore, assuming that the numbers of people who live at the mentioned postal addresses are equal to the average for Cambridgeshire, it would be expected that there are only around 146 people in the county who need to drive more than 20 minutes by car to access a pharmacy or dispensing GP practice (146 people corresponds to 0.02% of 634,000 people, the estimated population size for Cambridgeshire). This can be considered as an indication of good coverage in terms of the locations of pharmaceutical services across the county.

However, it is recognised that not everyone has access to a car, and that those unable to access a car may be amongst the more vulnerable in society. The steering group considered creating maps to illustrate access through public transport, but found that this information could not easily be presented due to the complexity and constantly changing nature of public transport routes and service times.

Home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport. Of those completing the questionnaire, 62 pharmacies (63.9%) and 13 dispensing GP practices (34.2%) reported that they provide free delivery services to their patients. In addition, some providers deliver to specific patient groups and/or specific regions, some for free and others for a charge. In total, 78 pharmacies (80.4%) and 23 dispensing GP practices (60.5%) have some form of delivery service in operation.

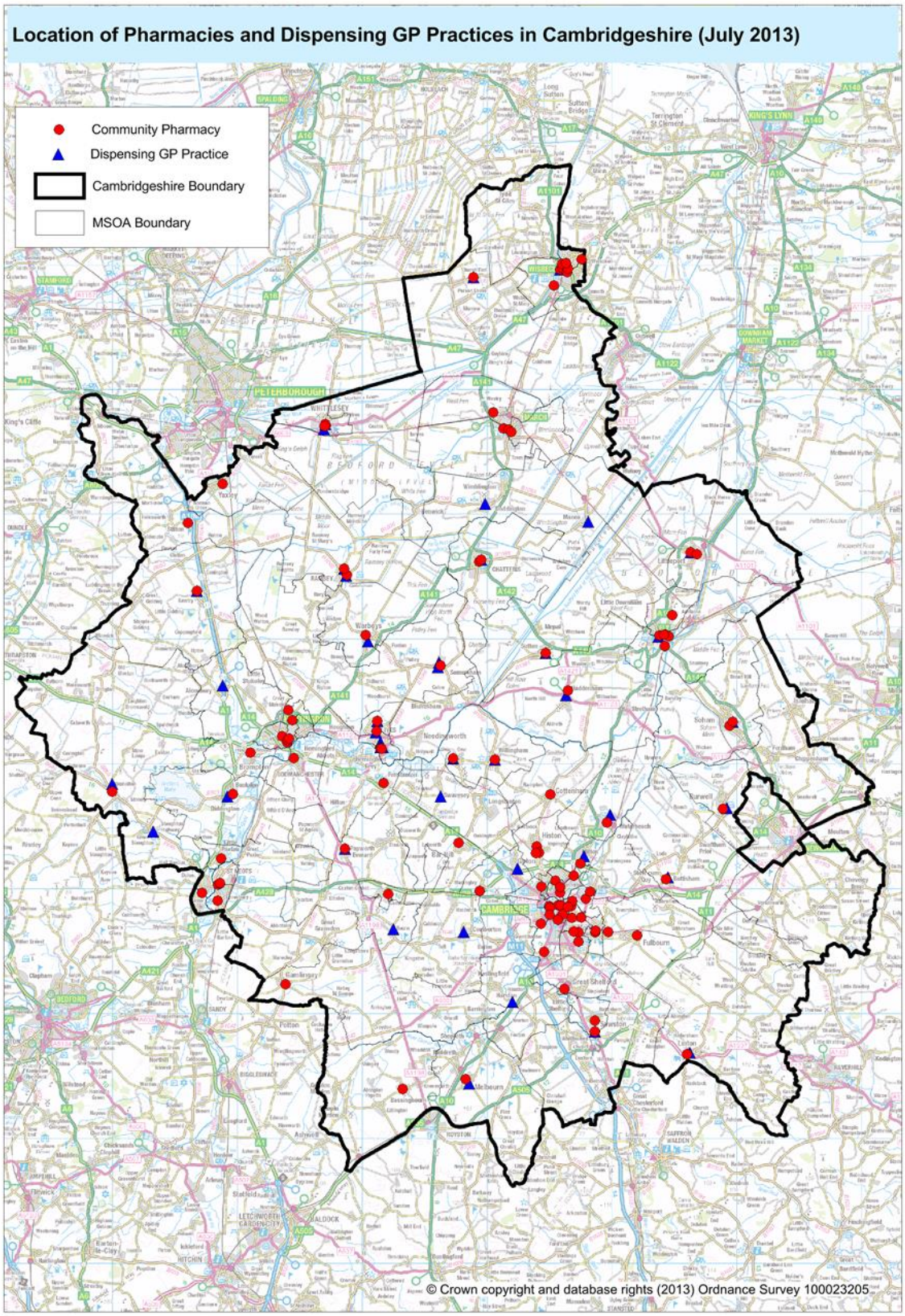
Pharmaceutical services are also available from internet pharmacies (located inside or outside of the county) that could make deliveries to individual homes. Finally, in addition to delivery services, community transport schemes (eg car clubs, minibuses) can potentially improve access to both pharmaceutical services and other services.

Responses to the PNA public consultation suggested that electronic prescriptions might be beneficial to providing a good service, and improve communication between GPs and pharmacies. The new Electronic Prescription Service (EPS) allows the transfer of a

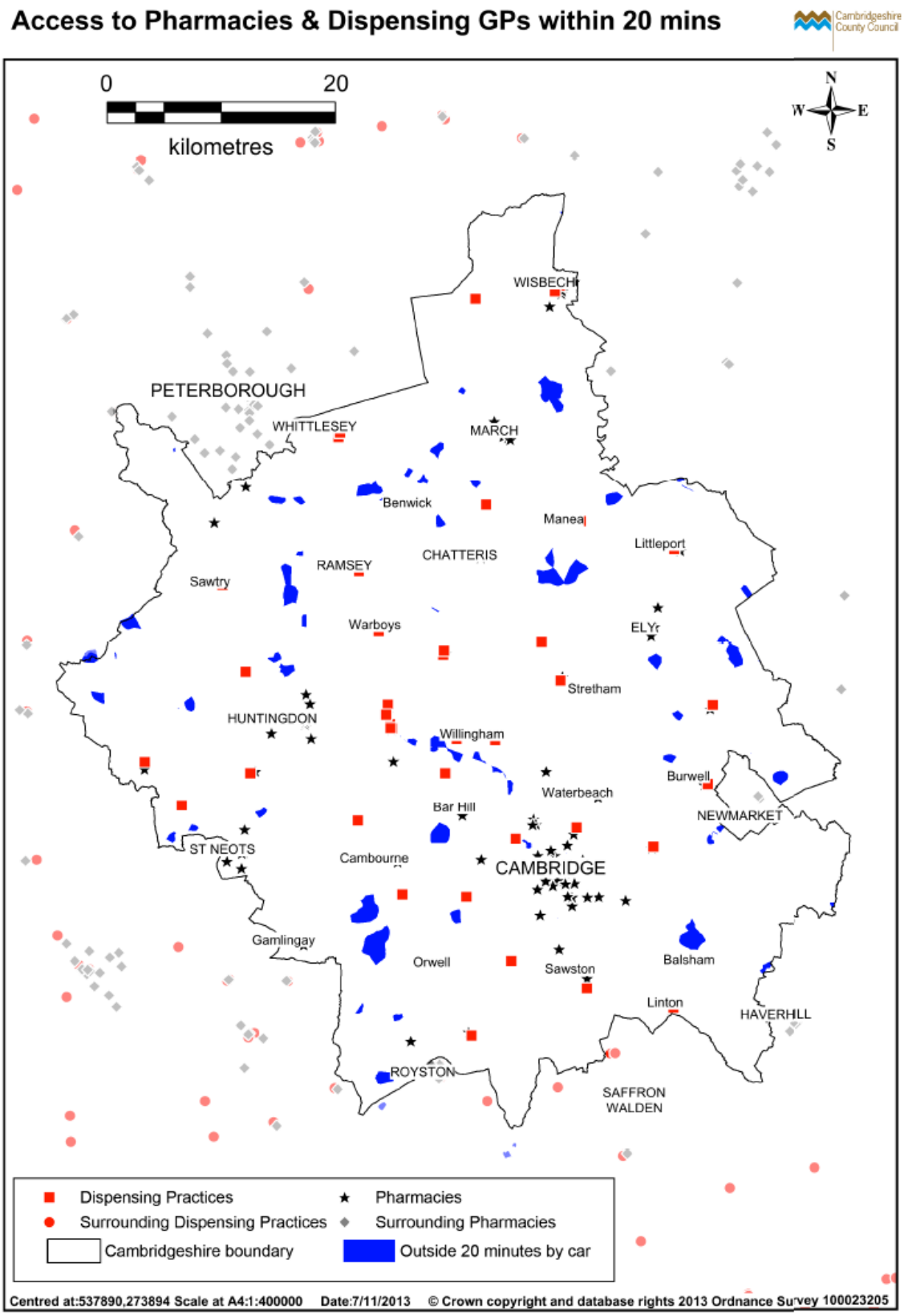
[25] Department of Health (2008). 'Pharmacy in England: Building on strengths – delivering the future.' Available at: http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf (Accessed 19 Nov 2013)

prescription from the prescriber to pharmacy (or other dispensing contractor), by electronic means rather than the traditional paper form. The introduction and running of the EPS service is managed by an NHS department. There have been various pilot sites testing the system which has resulted in improvements being made. The second rollout of the service EPS2 is being undertaken. In Cambridgeshire 96% of pharmacies are enabled to receive electronic prescriptions and ten surgeries have signed up to be part of the second rollout. Of the ten, three are now live sites. As the programme continues, less prescriptions will be paper based.

Map 9. Pharmacies, dispensing practices and major roads in Cambridgeshire



Map 10. Access to Pharmacies and Dispensing Practices: 20 minutes by car



Note: While there are pockets in Cambridgeshire more than 20 minutes away from a pharmacy or dispensing surgery by car, these are mainly uninhabited areas. It is estimated that only around 0.02% of the population in Cambridgeshire are more than 20 minutes away from a pharmacy or dispensing surgery by car.

4.2.2 Border areas

There are nine other HWBs with borders close to Cambridgeshire. These areas have pharmacies that are accessible to the residents who live near the borders of the county.

Within Cambridgeshire there are three large settlements close to the county border: Wisbech, Whittlesey and St Neots. They have pharmacies that serve their town and the surrounding areas in Cambridgeshire and beyond. Just over the border of Cambridgeshire the towns of Peterborough, Royston, Saffron Walden, Haverhill and Newmarket all have pharmacies that provide services to Cambridgeshire residents.

The rest of the border areas are more sparsely populated with few settlements of a size that would support a pharmacy. However, there are many pharmacies in surrounding counties that are located in smaller settlements near the Cambridgeshire border (see **Map 10**). These pharmacies provide services to people whether they reside in Cambridgeshire or a neighbouring county. Dispensing GP practices also offer pharmaceutical services in these areas.

4.2.3 Opening hours: community pharmacies

There are currently 13 '100 hour' pharmacies in Cambridgeshire. These are included in the pharmaceutical list under regulation 13(1)(b) of the National Health Service (Pharmaceutical Services) Regulations 2005; premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services.

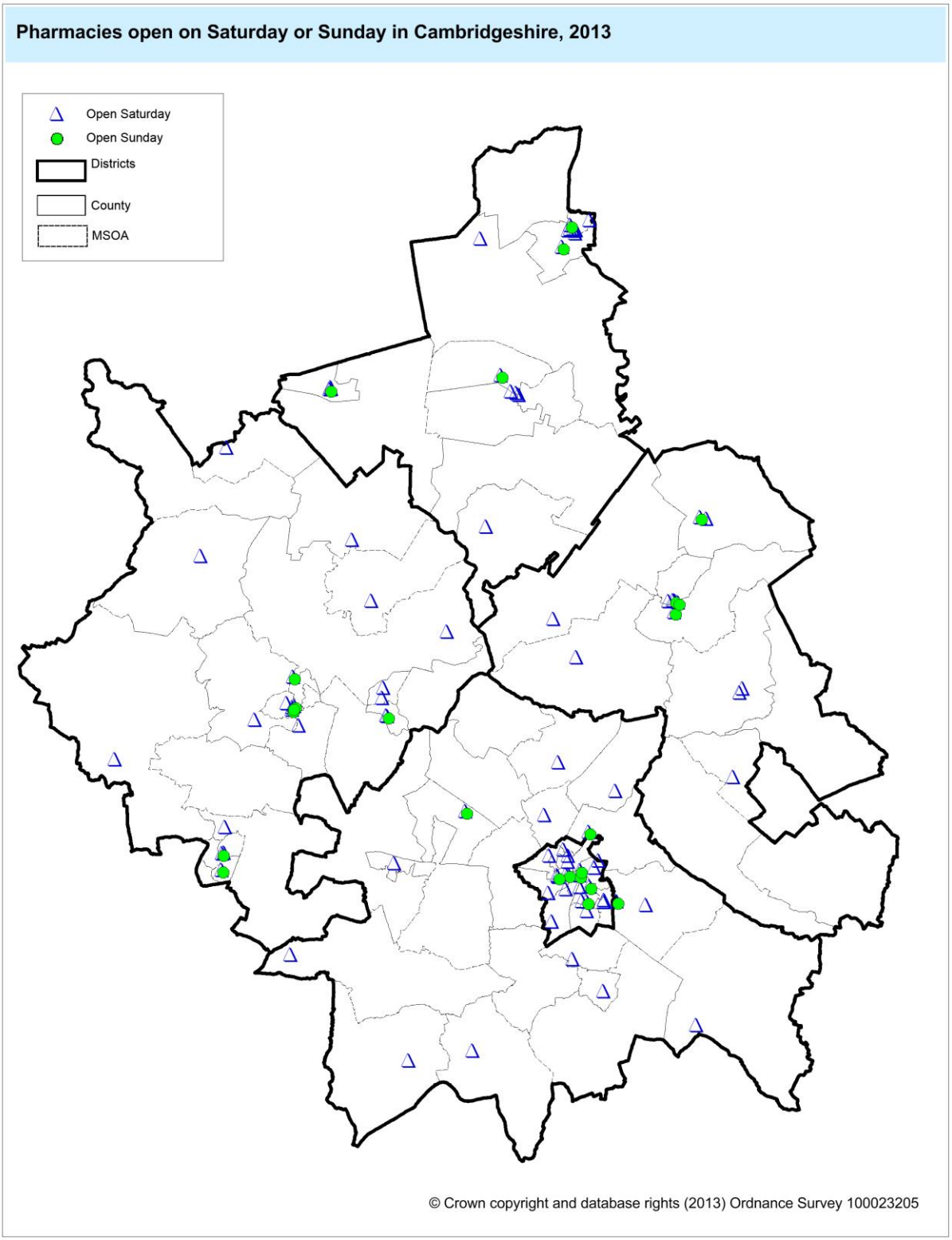
These 100 hour pharmacies are:

- Numark Pharmacy, Perne Road, Cambridge
- Sainsbury's Pharmacy, Brookes Rd, Cambridge
- Tesco Pharmacy, Fulbourn, Cambridge
- Sainsbury's Pharmacy, Ely
- St Mary's Pharmacy, Ely
- Tesco Pharmacy, Ely
- Priory Fields Pharmacy, Huntingdon
- St George's Pharmacy, Littleport
- Tesco Pharmacy, March
- Asda Pharmacy, Wisbech
- North Brink Pharmacy, Wisbech
- Tesco Pharmacy, Wisbech
- Whittlesey Pharmacy, Whittlesey

There is also night pharmaceutical service provision at a pharmacy in Boots, Newmarket Road, Cambridge, which is open until midnight Monday to Saturday (not including bank holidays).

Overall, out of 109 community pharmacies, 50 (46%) are open after 6pm and 30 (28%) are open after 7pm on weekdays; 87 (80%) open on Saturdays; and 24 (25%) open on Sundays. These findings are similar to those in the 2011 PNA. The locations of pharmacies currently open on a Saturday or a Sunday are illustrated in **Map 11**.

Map 11. Pharmacies open on a Saturday or Sunday in Cambridgeshire, 2013



Note: The map does not include dispensing GP practices in Cambridgeshire, and also does not include pharmacies or dispensing GP practices in neighbouring counties.

Further community pharmacy opening hours on weekdays can be summarised as:

- During the week two pharmacies are open until midnight; these are located in Cambridge City and Whittlesey.
- St Mary's pharmacy in Ely opens from midnight through to 6.30pm the following day Monday to Friday (not including bank holidays). Elsewhere in the county, five pharmacies are open at 6am or 6.30am; these pharmacies are found in Whittlesey, March, Ely, and Wisbech. By 7am a further seven pharmacies are open across the county.

Community pharmacy opening hours on weekends can be summarised as:

- Of 87 pharmacies open on a Saturday, 10 (11%) pharmacies distributed across the county are open by 8.00 am. Ten pharmacies across the county are open until 10pm and one pharmacy in Cambridge City is open until midnight.
- On a Sunday, of 24 pharmacies that open, 20 pharmacies (83%) open at 10am and 19 (79%) close at 4pm. One pharmacy in Littleport remains open until 9pm.

Urgent Care Cambridgeshire is required to arrange for the provision of a full course of treatment, if clinically necessary, before a community pharmacy is open. It is recognised that the provision of a prescription for dispensing at a pharmacy during the evenings and at weekends is preferable to the out-of-hours service stocking and supplying the medication.

For a number of conditions, there is also a range of general sales list medications that are available from a range of overnight retailers such as garages and 24-hour supermarkets.

The consultation for the 2014 PNA showed that 201 out of 225 respondents (89%) agreed that pharmacy services are currently available at convenient locations and opening times. In addition, 14 responders gave feedback on opening hours including a desire to extend opening hours on weekdays (six respondents), around weekend openings (five respondents) and around closings at lunch time (four respondents).

For the 2011 PNA, focus groups expressed a feeling that whilst 24/7 opening would be ideal realistically they felt this would be an expensive and underused option. The general consensus was, therefore, that pharmacy provision addressed the needs of most people. The results of the consultation for the 2011 PNA indicated that a vast majority (93%) of respondents agree, it is necessary for *some* pharmacies to open late at night and at weekends.

Currently 13 pharmacies are contractually obliged to open for 100 hours per week due to the conditions on their application. This inevitably means that they are open until late at night and at the weekend. There is a risk that if the regulations for these contracts were to change that they may reduce their hours. This could significantly reduce the county network of late night and weekend pharmacies.

Cambridgeshire HWB has not identified needs that would require provision of a full pharmaceutical service for all time periods across the week. However, maintaining the current distribution of 100 hour/longer opening pharmacies is important to maintain out-of-hours access for the population of Cambridgeshire.

Since the introduction of the pharmaceutical contractual framework in 2005 community pharmacies do not need to participate in rota provision to provide access for weekends or during the evening. The need for such a service has been greatly reduced by the increased opening hours of a number of pharmacies including the 100 hours pharmacies. Despite this, there is still a gap in contracted hours to cover statutory holidays.

Due to changes in shopping habits a number of pharmacies now open on many Bank Holidays although they are not contractually obliged to do so. NHS England works with community pharmacies to ensure an adequate rota service is available for Christmas Day, Boxing Day, New Year's Day and Easter Sunday as these are days where pharmacies are still traditionally closed. The rota pharmacies will generally open for four hours on these days and work with out-of-hours providers to enable patients to access pharmaceutical services. These arrangements are renewed every year.

4.2.4 Opening hours: dispensing GP practices

To consider opening hours for dispensing GP practices the opening hours for general practices were identified using the NHS Direct website. The dispensaries at the dispensing GP surgeries were assumed to be open at the same hours as the rest of the practice.

Out of 43 dispensing GP practices, all surgeries (including dispensary) are closed on a Saturday and Sunday except for St George's Medical Centre, Littleport – while the surgery is closed on a Saturday and Sunday, there is a pharmacy which is available for any patients. The opening times are Saturday 8.00-22.30 and Sunday 8.00-21.00.

4.2.5 Access for people with disabilities

The questionnaire sent to pharmacies and dispensing GP surgeries included a question asking if any consultation facilities existed on site and if they included wheelchair access. The results showed that 78 of 97 pharmacies (80.4%) have consultation areas with wheelchair access. Similarly, 33 out of 38 dispensing GP surgeries (86.8%) have consultation areas with wheelchair access.

4.3 Community Pharmacy Essential Services

Community Pharmacies provide three tiers of Pharmaceutical Services:

- Essential Services – services all pharmacies are required to provide.
- Advanced Services – services to support patients with safe use of medicines.
- Enhanced Services – services that can be commissioned locally by NHS England.

These types of services are briefly described below and are defined in the Regulations.[26]

The essential services are specified by a national contractual framework that was agreed in 2005. All community pharmacies are required to provide all the essential services. NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Each pharmacy has to demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. Any pharmacy unable to provide the evidence will be asked to provide an action plan, outlining with timescales, how it will then achieve compliance. These self-assessments are supported by contract monitoring visits.

[26] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: http://www.legislation.gov.uk/uksi/2013/349/made. (Last accessed 19 Nov 2013)

All Cambridgeshire pharmacies have been assessed as compliant with the contract to date. NHS England will continue the work previously undertaken by NHS Cambridgeshire to work with pharmacies and their representative organisation to provide this assurance of service delivery.

4.3.1 Public health campaigns

At the request of NHS England, NHS pharmacists are required to participate in up to six campaigns each year to promote public health messages to their users.[27] Where requested to do so by NHS England the NHS pharmacist records the number of people to whom they have provided information as part of one of those campaigns.

In the past, public health campaigns delivered by community pharmacies were part of the contractual agreements with the Medicines Management department supported by the Public Health Team in the Primary Care Trust (NHS Cambridgeshire). CCC Public Health Directorate has agreed to continue providing support for the public health campaigns for 2013/14.

Themes of public health campaigns in Cambridgeshire carried out or planned for 2013/14 include: Keeping Active/Falls Prevention, Stoptober, Winter Warmth, sexual health, and alcohol. Typically each pharmacy is provided with posters, leaflets, and key message fact sheets as part of the campaigns. Judged by feedback from the CCC Public Health Directorate there has usually been good engagement from pharmacies in delivering these campaigns.

4.4 Advanced Services

In addition to essential services, the community pharmacy contractual framework allows for advanced services which currently include Medicines Use Reviews (MUR), Appliance Use Reviews (AUR), New Medicines Service (NMS) and the Stoma Customisation Service (SCS). Each of the advanced services is intended to support and empower patients to optimise their safe and effective use of medicines or appliances and to reduce waste.

NHS England currently has limited powers to monitor or direct this service to local need.

Each pharmacy is limited in the numbers of each MUR that they may undertake. However across Cambridgeshire the delivery of the advanced services is lower than the number that could be undertaken. There is the potential for an increased delivery of these services across the county to support patients with their medicines and appliances.

In 2012/13 there were 110 pharmacies able to provide MURs – this includes two distance selling pharmacies that technically could deliver MURs. Three of these pharmacies (including the two distance selling pharmacies) closed during the year.

In total, 26,911 MURs were completed over the year. This compares with 13,508 that were completed in 2009/10, as reported in the last PNA. Pharmacies are now undertaking approximately 60% of the reviews that could have been undertaken if all pharmacies had completed their maximum entitlement. This represents an increase from a third of the entitlement reported in the last PNA three years ago.

[27] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 No. 349 Schedule 4. http://www.legislation.gov.uk/uksi/2013/349/schedule/4/made (Last accessed 27 Nov 2013)

MUR activity is variable. 50 community pharmacies delivered over 300 MURs (of which 21 community pharmacies completed the maximum 400 MURS that they are able to claim for). By contrast, 25 community pharmacies delivered less than 100 MURs (of which 10 community pharmacies did not deliver any). The remaining 35 community pharmacies delivered between 100 and 300 MURs.

Further guidance has been issued to community pharmacists to conduct MURs on patients who are taking medications known to increase the risk of hospitalisation through complications with their medications, including: Non-Steroidal Anti-Inflammatory drugs, Warfarin, Methotrexate and other Disease-Modifying Anti-Rheumatic Drugs (DMARDs), Insulin, Anti-Epileptics and Parkinson's drugs.

As per the 2011 PNA recommendations, there are opportunities for the Cambridgeshire and Peterborough CCG to work with community pharmacists and DACs to maximise the contribution these services can make to support patients with safe and appropriate use of medications and appliances.

With regards to the other advanced services (apart from MURs) these were introduced recently and their uptake has been variable, which may in part be explained by the uncertainty of continued funding. These services will be nationally evaluated.

4.5 Enhanced Services

Pharmaceutical service providers are an important part of primary care. As well as dispensing prescriptions they provide information about medicines, self-care, general health care and other sources of advice. They complement services provided by general practice.

The third tier of Pharmaceutical Service that can be provided from pharmacies are the Enhanced Services. These are services that can be commissioned locally from pharmacies by NHS England. Examples of enhanced services that could be commissioned from pharmacies are listed in Chapter 1: Introduction.

These services can only be referred to as Enhanced Services if they are commissioned by NHS England. If local services are commissioned by CCGs or local authorities, they are referred to as locally commissioned services. Locally commissioned services are discussed in the context of local needs in Chapter 5 of the PNA.

The East Anglia Area Team of NHS England commissioned an Influenza Vaccination Community Pharmacy Enhanced Service from pharmacies across the East Anglia area, including Cambridgeshire. This pilot service was available in pharmacies between 1 October 2013 and 31 January 2014. This pilot will be evaluated to inform the commissioning of subsequent influenza vaccination programmes.

The Royal Pharmaceutical Society recently highlighted a case study on flu vaccinations.[28]

[28] Royal Pharmaceutical Society 2013. Now or never: shaping pharmacy for the future.

Case study: Flu vaccinations in community pharmacy

In 2012‑13, following accredited training, 24 community pharmacies in Sheffield were commissioned by the local primary care trust to provide flu vaccination services for difficult-to reach groups identified as being at risk. An evaluation indicated that the programme succeeded in reaching individuals beyond the reach of general practice. 20% in a survey with a high response rate, said that they would not otherwise have received vaccination. 58% expressed convenience as the main reason that they had chosen to visit a pharmacy for the service.[29]

[29] NHS Sheffield (2013) NHS Sheffield Community Pharmacy Seasonal Flu Vaccination Programme for hard to reach at risk groups 2012–13 (and catch up campaign for over 65s). Service Evaluation http://psnc.org.uk/sheffield-lpc/wp-content/uploads/sites/79/2013/06/I-Evaluation-of-Pharmacy-Flu-Service-2012-13-1.pdf (accessed 6 Nov 2013)

5 Health Needs and Locally Commissioned Services

Key messages:

Providers of pharmaceutical services have an important role to play in improving the health of local people. They are easily accessible and are often the first point of contact, including for those who might otherwise not access health services. Community pharmacies can contribute to the health and wellbeing of the local population in a number of ways, including direct service provision, for example Emergency Hormonal Contraception, along with providing ongoing support for lifestyle behaviour change through motivational interviewing, providing information and brief advice, and signposting to other services.

Cambridgeshire Health and Wellbeing Board consider community pharmacies to be a key public health resource and recognise that they offer potential opportunities to commission health improvement initiatives and work closely with partners to promote health and wellbeing. Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

The range of services provided by community pharmacies varies due to several factors, including: availability of accredited pharmacists, capacity issues in the pharmacy, changes to service level agreements and the need for a service (for example, in response to pandemic flu).

The Community Pharmacy Smoking Cessation Service in Cambridgeshire illustrates how community pharmacies can improve population health through smoking cessation services, as evaluated by NICE. Smoking cessation activities in community pharmacies in Cambridgeshire have increased, but there are still many community pharmacies that do not provide a smoking cessation service. There is potential for further development in this area. Historically this has been challenging as it has been difficult to engage some pharmacies.

Community pharmacies are easily accessible for young people and are crucial for offering treatment of chlamydia infections. In some cases it can be challenging to offer testing in the pharmacy setting as not all pharmacies have the facilities required to enable patients to provide a sample for diagnostic testing on site. There is a potential for offering advice on barrier contraception methods for both males and females and for raising awareness of HIV, chlamydia and other STIs.

All pharmacies in Cambridgeshire have been offered the opportunity to deliver the Community Pharmacy Chlamydia Screening and Treatment service. Only 26 pharmacies have signed up to the chlamydia screening programme. Although there is some opportunity to expand, this is limited by the number of pharmacies that do not have the appropriate facilities to offer screening.

It is advised to offer chlamydia screening when Emergency Hormonal Contraception is provided, since those requiring such contraception may also be at risk of infection.

The extent to which local services signpost to services or carry out testing when EHC is provided could be examined in an audit, to stimulate best practice in this area.

People who use illicit drugs are often not in contact with health care services and their only contact with the NHS may be through a needle exchange service within a community pharmacy. At a minimum, the pharmacy can provide advice on safer injecting and harm reduction measures. In addition, community pharmacies can provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client's addiction. Some community pharmacies in Cambridgeshire provide access to sterile needles and syringes, and sharps containers for return of used equipment. Where agreed locally, associated materials will be provided (for example condoms, citric acid and swabs) to promote safe injecting practice and reduce transmission of infections by substance misusers.

Several opportunities exist to encourage a healthy weight such as providing advice, signposting services and providing on-going support towards achieving behavioural change, for example, through monitoring of weight and other related measures.

Opportunistic alcohol screening and provision of brief advice is another area where pharmacies could potentially contribute to improving the health of the local population. This could, for example, potentially be integrated into agreements around medication checks.

The Royal Pharmaceutical Society (RPS) recommends that pharmacists collaborate with each other and with other healthcare professions, to develop models of care which enable commissioners to deliver integrated patient pathways, and ensure patients have consistent access to support with medicines use as they move between care settings.

This could be particularly relevant for frail older people and those with multiple conditions. Community pharmacies can support self-care where appropriate, as well as referring back to the GP service or signposting clients to other appropriate services. Many patients receive a range of different medications and up to 50% of patients do not take their prescribed medicines as intended. Pharmacists can help with this, particularly for those who have complex medication regimens or have problems with taking their medication regularly. If services are provided where vulnerable people are visited in their own homes, this also offers an opportunity to identify individuals who are at risk or require additional support, for example, interventions to prevent falls.

Pharmacy staff can play a role in promoting awareness of good mental health, for example signposting to information about local support networks, mental health help lines etc. Community pharmacists can also help by promoting simple mechanisms to help people understand and take their medicines as intended.

Pharmacy providers are involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and C difficile. Within primary care, dispensing staff are able to reinforce the message that antibiotics are not always

necessary and explain the relationship between excessive use of antibiotics and Health Care Acquired Infections (HCAIs). In addition, they are able to inform other primary care practitioners when a prescribed item is not normally available in the community.

In the community, pharmacists should work with GPs and nurse prescribers to ensure safe and rational prescribing of medication. Through the provision of Medicine Use Reviews (MURs), Dispensing Review of Use of Medicines (DRUMs), clinical screening of prescriptions and identification of adverse drug events dispensing staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated.

The minor ailments service in Cambridgeshire aims to provide greater choice for patients and carers, and improved access to health care professionals by utilising the expertise of the pharmacists, so they become the first port of call for minor ailments. This can complement other medical services provisions and educate patients in self-care, thereby reducing the impact on GP consultations.

94 community pharmacies in Cambridgeshire (86.2%) are signed up to the 'Not Dispensed Scheme', which highlights items that are not required by the patient and informs their GP's. This may have been caused by a misunderstanding on the part of any or all of the parties involved in the ordering and production of the repeat prescription, and helps to prevent waste. Previously GPs did not get any feedback on medicines which had not been dispensed or were returned to the pharmacy unused.

There is also potential to draw on experiences from areas where community pharmacies have worked innovatively to address key local public health challenges and benefit local communities. Section 5 of the PNA report describes a number of case studies from around the country.

In summary, local commissioning organisations should consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care.

5.1 A focus on the role of community pharmacy in improving public health

5.1.1 Local contributions to improving health and reducing inequalities

The NHS Community Pharmacy Contractual Framework requires community pharmacies to contribute to the health needs of the population they serve. There are opportunities for local service commissioning to build on the services provided as essential services. Pharmacies are able to bid for locally commissioned health improvement programmes, along with other non-pharmacy providers. Cambridgeshire HWB considers community pharmacies a key public health resource and recognises that they offer potential opportunities to provide health improvement initiatives and work closely with partners to promote health and wellbeing, as recommended by the Local Government Association (LGA).[30]

[30] Local Government Association (2013). 'Community Pharmacy: Local government's new public health role.' Available at: http://www.local.gov.uk/documents/10180/11463/Community+Pharmacy+-

The Public Health Strategy for England (2010) states that "Community pharmacies are a valuable and trusted public health resource. With millions of contacts with the public each day, there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities."[31]

The Local Government Association (LGA) report *Community Pharmacy: local government's new public health role*[32] states that community pharmacy and local government share several common purposes:

- Public health – eg promoting good sexual health and reducing substance misuse.
- Support for independent living – through healthy lifestyle advice and support with using medicines correctly.
- Making every contact count – through health promotion intervention and signposting.
- Core business – investment, employment and training in local communities.

The LGA report recommends that local commissioners consider the Healthy Living Pharmacy model and how it could be used to help improve health and reduce inequalities.[33]

5.1.2 Evidence based approach

The NHS Confederation report *Health on the high street: rethinking the role of community pharmacy*[34] recommends that a strong evidence base underpins commissioning of public health services from community pharmacy. The Department of Health recently invited the submission of research proposals to determine and evaluate the role of Community Pharmacy in public health. This invitation stated that "whilst the evidence for pharmacy's contribution to public health is growing, there are gaps, and there is a clear requirement for good quality research to be carried out to determine and evaluate the contribution of a pharmacy where the evidence is missing or less strong. "[35]

Local commissioning organisations should consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care.

5.1.3 Opportunities for integrated care

In the Royal Pharmaceutical Society (RPS) report *Now or never: shaping pharmacy for the future*[36] RPS recommends that pharmacists must collaborate with each other and with other

---

+local+government's+new+public+health+role/01ca29bf-520d-483e-a703-45ac4fe0f521 (Last accessed 26 Nov 2013)

[31] HM Government. (2010). 'Healthy Lives, Healthy People: Our strategy for public health in England.' Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf (Last accessed 20 Nov 2013)

[32] Local Government Association (2013). 'Community Pharmacy: Local government's new public health role.' Available at: http://www.local.gov.uk/documents/10180/11463/Community+Pharmacy+-+local+government's+new+public+health+role/01ca29bf-520d-483e-a703-45ac4fe0f521 (Last accessed 26 Nov 2013)

[33] Ibid.

[34] NHS Confederation (2013) 'Health on the high street: rethinking the role of community pharmacy. ' Available at: http://www.nhsconfed.org/Publications/Documents/Health-on-high-street-rethinking-role-community-pharmacy.pdf (Last accessed 20 Nov 2013)

[35] Department of Health (2013). 'Invitation to tender. Department of Health Policy Research Programme: The role of community pharmacy in public health.' Available at: http://www.prp-ccf.org.uk/PRPFiles/Role%20of%20Community%20Pharmacy%20in%20Public%20Health%20-%20ITT.pdf (Last accessed 11 Nov 2013)

[36] Royal Pharmaceutical Society (2013). 'Now or never: shaping pharmacy for the future' Available at: http://www.rpharms.com/promoting-pharmacy-pdfs/moc-report-full.pdf (Last accessed 11 Nov 2013)

healthcare professions, to develop models of care which enable commissioners to deliver integrated patient pathways, and ensure patients have consistent access to support with the use of medicines as they move between care settings.

The NHS Confederation report *Health on the high street: rethinking the role of community pharmacy*[34] also highlights the importance of integrating the role of a community pharmacy with that of other elements of the health and public health system. The report emphasises the value of strong information flows between providers and commissioners. In developing commissioning and estate strategies, consideration could be given to how pharmacy services could be better integrated with health and social care and other public services, for example, through co-location.[37]

5.1.4 Developing the workforce

The LGA Report [38] suggests that health and social care workforce strategy includes consideration of the pharmacy workforce and its training needs, including its role as a potential employer in deprived and rural communities. It proposes that there may be opportunities for greater integration and joint workforce training, for example, of healthcare assistants and health champions.[39] RPS is also developing *Professional Standards for Public Health Practice for Pharmacy*[40] for pharmacy teams to promote the delivery of high quality public health services in pharmacy settings.

5.2 What will this chapter discuss?

This chapter considers local needs, local services, case studies and discusses the local services offered.

5.2.1 Local health needs

Children, adults and the elderly are all vulnerable to the risk factors that contribute to preventable non-communicable diseases, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the effects of the harmful use of alcohol.[41]

Overall, Cambridgeshire has a favourable health profile but, compared to the national average, substantial local variation exists within the county. Lifestyle related diseases such as diabetes are increasing. An ageing population with a range of health issues will also put pressure on health and social services. The JSNA describes specific health needs in detail, and the Prevention of Ill health for Adults of Working Age in particular describes prevention and health improvement opportunities.

5.2.2 Overview of local services

These are local services commissioned from community pharmacies by CCC and Cambridgeshire and Peterborough CCG to support the local public health agenda.

---

[37] Local Government Association (2013). 'Community Pharmacy: Local government's new public health role.' Available at: http://www.local.gov.uk/documents/10180/11463/Community+Pharmacy+-+local+government's+new+public+health+role/01ca29bf-520d-483e-a703-45ac4fe0f521 (Last accessed 26 Nov 2013)

[38] Ibid.

[39] Ibid.

[40] Royal Pharmaceutical Society (2013) 'Draft Professional Standards for Public Health'. Available at:http://www.rpharms.com/unsecure-support-resources/professional-standards-for-public-health.asp (Last accessed 5 Nov 2013)

[41] World Health Organization. (March 2013) Fact sheet: Noncommunicable diseases. Available at: http://www.who.int/mediacentre/factsheets/fs355/en/ (Last accessed 20 Nov 2013)

Community pharmacies are easily accessible and can offer a valuable opportunity for reaching people who may not otherwise access health services. Community pharmacies can contribute to the local public health agenda in a number of ways, including but not limited to:

- Motivational interviewing.
- Providing education, information and brief advice.
- Providing on-going support for behaviour change.
- Signposting to other services or resources.

The following local services are commissioned in Cambridgeshire:

- Smoking Cessation (CAMQUIT, commissioned by CCC)
- Chlamydia Screening and Treatment (commissioned by CCC)
- Emergency Hormonal Contraception (commissioned by CCC)
- Needle and Syringe Exchange Service (DAAT, CCC/CCG)
- Supervised Administration Service (DAAT, CCC/CCG)
- Minor Ailments Service (CCG)
- Palliative care service (CCG)
- Not Dispensed Scheme (CCG)

Some local services are not commissioned but are provided on 'goodwill':

- Healthy Start Vitamin Supplements (CCC)

The range of services provided by community pharmacies varies due to several factors, including: availability of accredited pharmacists, capacity issues in the pharmacy, changes to service level agreements and the need for a service (for example, in response to pandemic flu).

5.2.3 Case studies

Case studies from the Local Government Association and the Royal Pharmaceutical Society have been included to highlight opportunities for using the expertise that exists among pharmaceutical providers to protect and improve health, and to stimulate development of innovative models of integrated care for patients. It is important to note that, although these case studies may be promising examples, the evidence base for the interventions described has not been assessed as part of preparing the PNA.

5.2.4 Consideration of local services offered

The chapter discusses ways that pharmacies and other services could maximise their contribution towards achieving effective, safe, sustainable and affordable health services.

5.3 Smoking

5.3.1 Local health needs

The total number of deaths in Cambridgeshire annually is 4,700 according to the Health and Social Care Information Centre Compendium for all-cause mortality (www.ic.nhs.uk). About 260 people in Cambridgeshire die every year from smoking related illnesses.[42]

[42] Smoking attributable mortality. Source: APHO Health Profiles Cambridgeshire 2012.

Smoking prevalence in Cambridgeshire as a whole is similar to that in England. However, within Cambridgeshire smoking levels vary substantially across districts, from 13.2% in East Cambridgeshire to the highest, 25.5% in Fenland (see **Table 5**). In both Fenland and Huntingdonshire the rates of smoking are higher than the England average, but this difference is not necessarily statistically significant.

District smoking rates may also mask inequalities at the MSOA level, with some areas with very high smoking rates. The five MSOAs with highest estimated smoking prevalence are Huntingdon North (43% smokers), Waterlees and North Wisbech in Fenland (40%), King's Hedges and Abbey in Cambridge (32%) and South Wisbech in Fenland (31%).[43]

Table 5. Smoking status in adults in Cambridgeshire and Districts, 2011/12

	Smoking Status 2011/12	
	Current smoker	**95% Confidence interval**
England	20.0%	19.8% - 20.1%
East of England	19.6%	19.0% - 20.1%
Cambridgeshire	19.5%	17.5% - 21.5%
Cambridge	15.2%	10.7% - 19.8%
East Cambridgeshire	13.2%	8.6% - 17.9%
Fenland	25.5%	19.3% - 31.7%
Huntingdonshire	22.1%	18.3% - 25.9%
South Cambridgeshire	19.9%	16.1% - 23.7%

Source: Integrated Household Survey. Adults were defined as 18 years or above.

5.3.2 Local services

The Community Pharmacy Smoking Cessation Service in Cambridgeshire illustrates how community pharmacies can improve population health through smoking cessation services, as evaluated by NICE.[44] Pharmacies in Cambridgeshire are offered the opportunity to receive training and a contract to provide stop smoking services. CCC has commissioned smoking cessation services from 77 of the 78 GP practices and from 44 of the 109 pharmacies across the county. The pharmacy smoking cessation service is provided by community pharmacy staff members trained to Level 2: Staff trained to Level 1 can provide brief advice and refer to the specialist stop smoking service, CAMQUIT. The Level 2 service consists of one to one advice to support smokers in stopping smoking over a four week period (as per NICE guidance) and includes provision of pharmacological products to aid the cessation. The service is offered to anyone over the age of 12 years old. Cambridgeshire County Council will regularly review provision of the service and funding available.

From April 2012 to March 2013, through pharmacies, 977 people have set a date to quit and 484 have successfully quit, which is 13% of the Cambridgeshire smoking cessation service success. CCC aims to increase the number of smokers quitting through a pharmacy by improving the current service provision eg providing on-going support, training and promotion for the pharmacy stop smoking service. Cambridgeshire County Council would like to see the number of referrals increasing from pharmacy to CAMQUIT.

[43] ONS Synthetic estimates of lifestyle behaviours 2006-2008.
[44] NICE Guidance (Feb 2010) PH10: Smoking Cessation Services. Available at: http://guidance.nice.org.uk/PH10

CAMQUIT provide a dedicated telephone counselling service which includes the provision of a Nicotine Replacement Therapy (NRT) voucher which is dispensed by community pharmacy to support the delivery of this service.

Over time there has been a gradual increase in smoking cessation activities in community pharmacies in Cambridgeshire and in recent years, the number of quit attempts has increased substantially (see **Table 6**). However, there are still many community pharmacies not providing a smoking cessation service, which offers potential for further development. Historically this has been challenging as it has been difficult to engage some pharmacies.

Table 6. NHS Stop Smoking Service activity measured in number of quit attempts, Cambridgeshire, 2008/09-2012/13

	2008/09	2009/10	2010/11	2011/12	2012/13
GP	4,109	4,968	4,529	4,872	4,817
Stop Smoking Services	1,259	1,425	1,744	2,178	1,930
Community Pharmacy	375	519	852	1,231	977
Prison			85	134	77

Source: CAMQUIT

Table 7 shows the activity and success rates of smoking cessation services by delivery setting across East of England in 2012-2013. Of those who did stop smoking, most managed to do so through primary care, both for East of England as a whole and in Cambridgeshire. In Cambridgeshire, of those who quit 56% did so through primary care, 31% through a specialist setting, and 12% through a community pharmacy. The success rates appear to be slightly higher in specialist settings; but this has not been formally compared with statistical testing.

Table 7. NHS Stop Smoking Service activity and success rates by delivery setting for the Strategic Health Authority, 2012-13

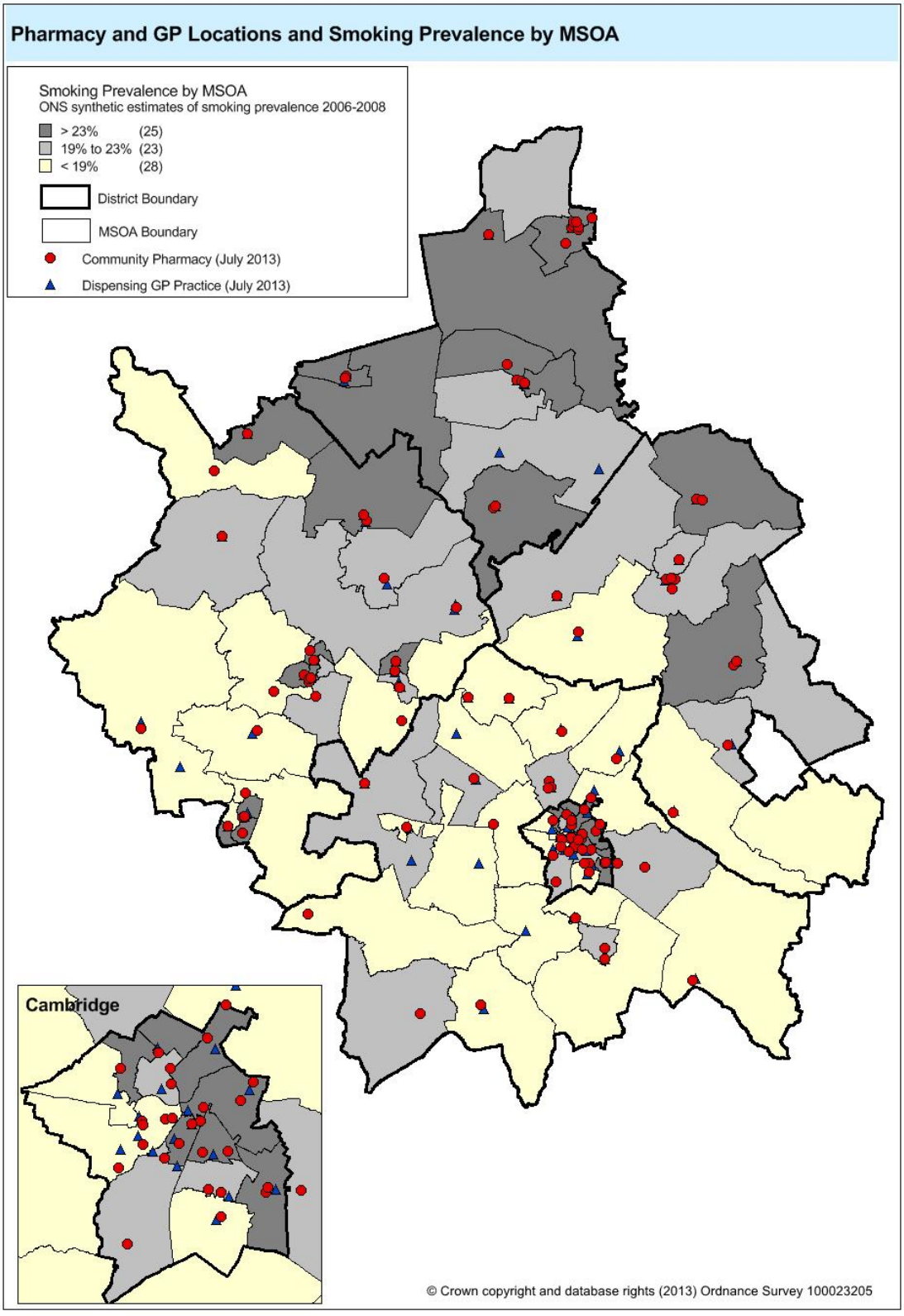
NHS Stop Smoking Service		Service Delivery Setting					
	2012/13	Specialist		Primary Care		Community Pharmacy	
Code	PCT Name	% of Quits	Success rate	% of Quits	Success rate	% of Quits	Success rate
5P2	Bedfordshire	38	71	51	55	8	57
5PP	Cambridgeshire	31	50	56	50	12	42
5PR	Great Yarmouth & Waveney	21	49	63	50	7	59
5QV	Hertfordshire	18	58	58	55	24	48
5GC	Luton	40	41	45	52	15	42
5PX	Mid Essex	36	68	42	63	19	61
5PQ	Norfolk	38	51	37	46	16	53
5PW	North East Essex	19	70	47	68	32	39
5PN	Peterborough	46	81	25	68	26	54
5P1	South East Essex	6	54	56	38	37	40
5PY	South West Essex	12	60	31	41	53	41
5PT	Suffolk	18	55	70	47	10	43
5PV	West Essex	22	65	77	51	1	50
Q35	**East of England**	**24**	**58**	**52**	**50**	**21**	**45**

Note: The numbers shown under 'Success rate' are percentages. The numbers for '% of Quits' across Specialist, Primary Care and Community Pharmacy settings do not always add to 100%. This may be due to some small providers not being included.

5.3.3 Considerations of services offered

Pharmacies are ideally placed to provide a stop smoking service in the community. **Map 12** illustrates smoking levels and pharmaceutical service providers in the county; please note that the map shows all pharmacies and dispensing GP practices, not only those providing a stop smoking service.

Map 12. Smoking prevalence and locations of pharmacies and dispensing GP practices in Cambridgeshire



Note: The map shows all pharmacies and dispensing GP practices in the county, both those providing smoking cessation service and those that do not.

5.4 Healthy weight

5.4.1 Local health needs

It is estimated that within Cambridgeshire, Fenland district has the highest proportion of obese (defined as a body mass index above 30 kg/m^2) adults, at 26% of the population. This is higher than the national average of 24% but not statistically significantly so. Within Fenland, March East and Whittlesey have the highest estimated prevalence of adult obesity at 28%.

East Cambridgeshire district had the second highest proportion of obese adults at 23%. The remaining Cambridgeshire district rates were significantly lower than the national average. In the East of England Health and Lifestyle Survey inequalities were identified between the 20% most deprived and the 80% least deprived areas in the county.

5.4.2 Opportunities in local services

Several opportunities exist such as providing advice, signposting services and providing on-going support towards achieving behavioural change for example through monitoring of weight and other related measures.

5.4.3 Case study: Physical activity supported by community pharmacy

In Norfolk, community pharmacies have been working with national and local sports organisations to develop a series of community walking groups and community activities to encourage physical activity for people aged 50 and over. Over 2,700 people have registered with the programme and more than 1,100 events have taken place.[45]

Contact: Lauren Seamons, Service and Communications Officer, Norfolk Local Pharmaceutical Committee. Email: norfolkassist@pharmacy-anglia.org

5.5 NHS Health Checks and screening services

The risk factors for vascular disease include diabetes, smoking, obesity, physical inactivity, high blood pressure and raised cholesterol levels. These risk factors can be identified and it is possible to try to manage them. The NHS Health Checks programme offers preventative checks to eligible individuals aged 40–74 years to assess their risk of vascular disease, followed by appropriate management and interventions. The Department of Health indicated that it would expect access to the NHS Health Checks Programme to be developed through a number of routes including community pharmacies and GP surgeries.

The NHS Health Checks programme in Cambridgeshire is currently delivered by general practices. Data from March 2012 to April 2013 show that an NHS Health Check was offered to 24.8% of eligible people in Cambridgeshire; 19.8% of eligible people in East of England; and 16.5% of eligible people in England as a whole.[46] The programme runs in five-year cycles, which means that on average 20% of the eligible population is invited for an NHS

[45] Local Government Association (2013). 'Community Pharmacy: Local government's new public health role.' Available at: http://www.local.gov.uk/documents/10180/11463/Community+Pharmacy+-+local+government's+new+public+health+role/01ca29bf-520d-483e-a703-45ac4fe0f521 (Last accessed 26 Nov 2013)

[46] Source: NHS England Health Checks data. http://www.england.nhs.uk/statistics/statistical-work-areas/integrated-performance-measures-monitoring/nhs-health-checks-data/ (Last accessed 25 Nov 2013)

Health Check each year. At this point the programme has not yet been in operation long enough for five-year data to be available.

5.6 Sexual health

5.6.1 Local health needs: chlamydia

Genital *chlamydia trachomatis* infection is the Sexually Transmitted Infection (STI) most frequently diagnosed in Genitourinary Medicine (GUM) clinics in England. Untreated infection can have serious long-term consequences, particularly for women, in whom it can lead to Pelvic Inflammatory Disease (PID), ectopic pregnancy and tubal factor infertility. Since many infections are asymptomatic, a large proportion of cases remain undiagnosed, although infection can be diagnosed easily and effectively treated.

It is difficult to assess changes in local chlamydia occurrence over the last decade for several reasons. The diagnostic definitions have changed during this period. More importantly, in the past two years the focus of the programme has changed from the absolute numbers being diagnosed to diagnostic rates.

Public Health England recommends that local areas should be working towards achieving a diagnosis rate of at least 2,300 per 100,000 15-24 year old resident population annually. This target can be challenging to reach in Cambridgeshire given the relatively low occurrence of chlamydia infections in the county. Quarterly data is available on the National Chlamydia Screening Programme Website:
http://www.chlamydiascreening.nhs.uk/ps/data.asp

5.6.2 Local health needs: HIV/AIDS, gonorrhoea, syphilis and other conditions

The number of people living with HIV/AIDS in Cambridgeshire has increased by 27% from 2007 to 2011.[47] This increase could reflect either that more people are being diagnosed, or that fewer people die from HIV/AIDS because drug therapies have become more effective.

Data from Public Health England indicate that between 2010 and 2012 there was an increase in diagnoses of gonorrhoea and syphilis (small numbers), while diagnoses of warts and herpes remained fairly stable.[48]

5.6.3 Local services

Community pharmacies are easily accessible for young people and are crucial for offering treatment of chlamydia infections. In some cases, it can be challenging to offer testing in the pharmacy setting as not all pharmacies have the facilities required to enable patients to provide a sample for diagnostic testing on site. There is a potential for offering advice on barrier contraception methods for both males and females and for raising awareness of HIV, chlamydia and other STIs.

The Cambridgeshire Chlamydia Screening Programme targets 15-24 year olds and was introduced in 2006. From 2008 community pharmacies joined other agencies in providing Chlamydia Screening and Treatment service to support screening and treatment offered across Cambridgeshire.

[47] Health Protection Agency. The Survey of Prevalent HIV Infections Diagnosed (SOPHID).
[48] www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1215589014053 (accessed 29 Oct 2013).

The Cambridgeshire Chlamydia Screening Programme recognises that pharmacies play an important role in the treatment of chlamydia positive patients and their partners. Treatment can only be provided by accredited pharmacists. All pharmacies in Cambridgeshire are offered the opportunity to receive training and contract to provide chlamydia screening. Staff in pharmacies can participate in the National Chlamydia Screening Programme by distributing kits or signposting young people to the text or website request system. Compulsory training is provided for pharmacists and pharmacy assistants to support the screening service.

Screening uses first-void urine samples or self-taken vulva-vaginal swabs. Samples can be sent in the post to a laboratory for analysis and the results are returned to the chlamydia screening office; all patients are then informed of their result and contact tracing is conducted in people with positive results and treatment is offered to them and their partners.

Young people can request a self-administered postal kit by visiting www.freetest.me or by texting 'SCREEN' with the name, age and address to 84010.

Table 8 summarises chlamydia screening activity in Cambridgeshire by provider for 2012/13. In pharmacies where testing is offered, diagnostic rates can be expected to be high due to the involvement in testing contacts of infected patients.

Table 8. Chlamydia screening activity, Cambridgeshire, 2012/13

	Total completed screens, numbers	Positive, %
GP	5,207	4.9
Contracepton and sexual health service (CASH)	2,616	3.7
Pharmacy	259	31.3
Termination of pregnancy (TOP)	280	5.7
Antenatal	8	0
Outreach, community, education, military, young offender institute (YOI)	7,993	2.8
Remote testing (freetestme and text)	3,533	5.5

Source: CCS Chlamydia Screening Team

The c-card programme is managed by the Chlamydia Screening Team at Cambridgeshire Community Services (CCS). The c-card enables holders to obtain free barrier contraception from agreed distributors. CCS will issue the c-card to those who are entitled to use the scheme. The pharmacies are one of several potential distribution points, who will provide users with condoms upon presentation of the c-card. Further information about c-card can be found on the scheme website (www.ccardcambs.com).

5.6.4 Consideration of services offered

There is currently an inequity in the provision of community sexual health and contraceptive services in the county with services being concentrated in the south of the county. At the time of writing there is a procurement process on-going to address this inequity in access.

All pharmacies were offered the opportunity to deliver Community Pharmacy Chlamydia Screening and Treatment service when the service was introduced. Currently 26 pharmacies have signed up to the chlamydia screening programme. To improve access the chlamydia screening programme would encourage more pharmacies to offer this service. It is however recognised that, although there is some opportunity to expand, this is limited by the number of pharmacies that do not have the appropriate facilities to offer screening

5.7 Emergency hormonal contraception

5.7.1 Local health needs

Cambridgeshire has a teenage conception rate that is below the national rate, but Fenland and Cambridge City districts have rates that are statistically significantly higher than the Cambridgeshire average (2009-2011).[49]

Reducing the teenage conception rate and increasing the number of teenage parents who can access and sustain places in education, employment or training are important to improve outcomes for young people and their babies.[50] Studies indicate that making emergency hormonal contraception (EHC) available over the counter has not led to an increase in its use, to an increase in unprotected sex, or to a decrease in the use of more reliable methods of contraception.[51]

5.7.2 Local services

Pharmacies in Cambridgeshire are offered the opportunity to receive training and contract to provide EHC, which is available as a locally commissioned service in some community pharmacies. Ideally, community pharmacies would have more than one pharmacist available to provide EHC to ensure continuity of services. In addition, pharmacies could promote the availability of free EHC.

The Emergency Hormonal Contraception Service (EHC) is currently being delivered by 41 pharmacies across Cambridgeshire. This service is part of the overall contraception service offered by sexual health, contraception clinics and GP practices across Cambridgeshire.

EHC may only be supplied by an accredited pharmacist. In order to achieve accreditation, the pharmacist(s) must have satisfactorily completed the CPPE Emergency Hormonal Contraception distance learning package. Medicine counter staff must be trained to refer each request for EHC to the pharmacist(s). It is the responsibility of the pharmacy to ensure that all pharmacists and locums supplying EHC are accredited.

The pharmacy must be able to supply EHC during opening hours of the pharmacy on at least four days of the week, one of which will preferably be a Saturday.

[49] Source: Compendium of Clinical and Health Indicators, Indicator Portal, HSCIC. Teenage conceptions, under 18 years, 2009-2011.
[50] Cambridgeshire JSNA Children & Young People (2010). Page 45. Available at http://www.cambridgeshireinsight.org.uk/currentreports/children-and-young-people (Last accessed 20 Nov 2013).
[51] Marston C. (2005) 'Impact on contraceptive practice of making emergency hormonal contraception available over the counter in Great Britain: repeated cross sectional surveys.' *BMJ* 331: 271.

A full list of pharmacies that provide EHC as an enhanced service is available at www.sexualhealthcambs.nhs.uk. Anyone accessing the service will need to check with the pharmacy that they have an accredited pharmacist available.

5.7.3 Consideration of local services

It is advised to offer chlamydia screening at the time of EHC provision because those who require EHC contraception are highly likely to be at risk of infection. The extent to which local services offer signposting to services or carry out testing when EHC is provided could be examined in an audit. Such an audit could help to stimulate best practice in this area.

5.8 Alcohol use

5.8.1 Local health needs

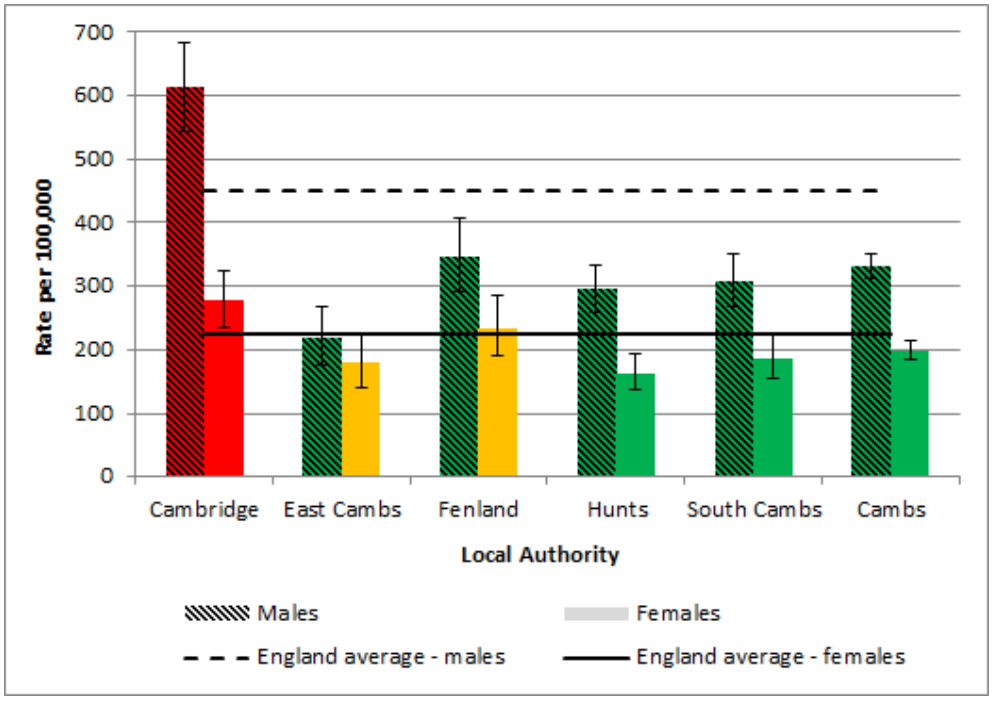
Local authorities are responsible for the commissioning of alcohol prevention and treatment services as of April 2013.[52] Alcohol misuse has an impact on the whole community through crime, health and wellbeing, affecting families and the wellbeing of children, placing a strain on key health services and councils' resources.

Cambridge City is the only district in Cambridgeshire to have a statistically significantly higher rate of alcohol specific hospital admissions for men and women compared to England.[53] This is illustrated in **Figure 3**. The data in figure 3 has been age-standardised, which means that any effect of the young population in Cambridge has been taken into account. Rates are consistently lower in females than in males across all districts and for the county. The difference between males and females is particularly apparent in Cambridge.

[52] Alcohol concern: Making sense of alcohol. (Sept 2013) 'Guide to alcohol for councillors.' Available at: http://www.alcoholconcern.org.uk/assets/files/Guide%20to%20Alcohol%20160813%20APPROVED.pdf (Last accessed 11 Nov 2013)

[53] Source: Local Alcohol Profiles 2012 for England, North West Public Health Observatory. Accessed 10.10.2013 at: http://www.lape.org.uk/LAProfile.aspx?reg=g

Figure 3. Alcohol-specific hospital admissions per 100,000 people in Cambridgeshire, 2010/2011, age standardised rates



Statistically significantly higher than the England average

Not statistically significantly different to the England average

Statistically significantly lower than the England average

Error bars represent 95% confidence intervals

Source: NWPHO Lape profiles 2012. Admission data HES.

5.8.2 Local services

Community pharmacists are able to offer healthy lifestyle advice aimed at raising awareness of the harmful effects of excess alcohol. This can be through opportunistic advice, brief interventions or through the use and interpretation of the NHS LifeCheck, an interactive NHS tool designed to improve the health of a family, available at: http://www.nhs.uk/Tools/Pages/LifeCheck.aspx.

Community pharmacists are able to offer supervised monitoring of medicines to treat alcohol withdrawal and could through prescribing, or supply via a Patient Group Direction (PGD), provide medicines related to reducing alcohol intake.

5.8.3 Case study: Alcohol awareness in Portsmouth

In June 2010, NHS Portsmouth ran a campaign 'Rethink your Drink' through community pharmacies.[54] The aims were to raise awareness of what are safe levels of drinking and then support and suggest small actions that moderate to medium-risk drinkers can take to reduce their alcohol consumption. Pharmacy staff asked members of the public to complete

[54] Local Government Association (2013). 'Community Pharmacy: Local government's new public health role.' Available at: http://www.local.gov.uk/documents/10180/11463/Community+Pharmacy+-+local+government's+new+public+health+role/01ca29bf-520d-483e-a703-45ac4fe0f521 (Last accessed 26 Nov 2013)

an alcohol scratch card. Over 3,600 people took part. Over 40% were found to be at increased risk and 8% at high risk of developing alcohol-related health problems.

Following these results, an alcohol intervention and brief advice service was commissioned. Since November 2010 more than 12,000 scratch cards have been completed in pharmacies, with 38% identified as having increased risk and up to 11% at high risk from their drinking. More than 1,300 people have received structured advice. For more details see: http://tinyurl.com/peaok6l

Contact: Janet Bowhill, Pharmaceutical Adviser, Portsmouth CCG. Email: janet.bowhill@portsmouthccg.nhs.uk

5.8.4 Consideration of local services

Opportunistic alcohol screening and provision of brief advice is an area where pharmacies could potentially contribute. For example, this could be integrated into agreements around medication checks. Additionally, for those clients who are picking up dental information, vitamins, health information could also be provided. Most pharmacies have consultation rooms that could be shared with other community services.

5.9 Drug misuse related harm

5.9.1. Local health needs

Illicit drug use contributes to the disease burden both globally and in Cambridgeshire. Efficient strategies to reduce disease burden of opioid dependence and injecting drug use, such as the delivery of opioid substitution treatment and needle and syringe programmes, are needed to reduce this burden at a population scale.[55]

An overview of the current situation in the UK is given in the DH report *United Kingdom Drug Situation – 2012 Edition*.[56] Between 2006/07 and 2010/11 the estimated lifetime use of any drug amongst 16 to 59 year olds remained stable (35.4% and 35.6% respectively). Over the same time period, recent and current drug use decreased. In 2006/07, reported use of any drug within the last year was reported as 10.2%, this decreased to 8.8% in 2010/11. A similar pattern was seen for reported use of any drug within the last month, which decreased from 6.0% in 2006/07 to 4.8% in 2010/11.

Cambridge City has statistically significantly high drug misuse and drug poisoning crude hospital admission rates compared to the Cambridgeshire rate (see **Figure 4**).

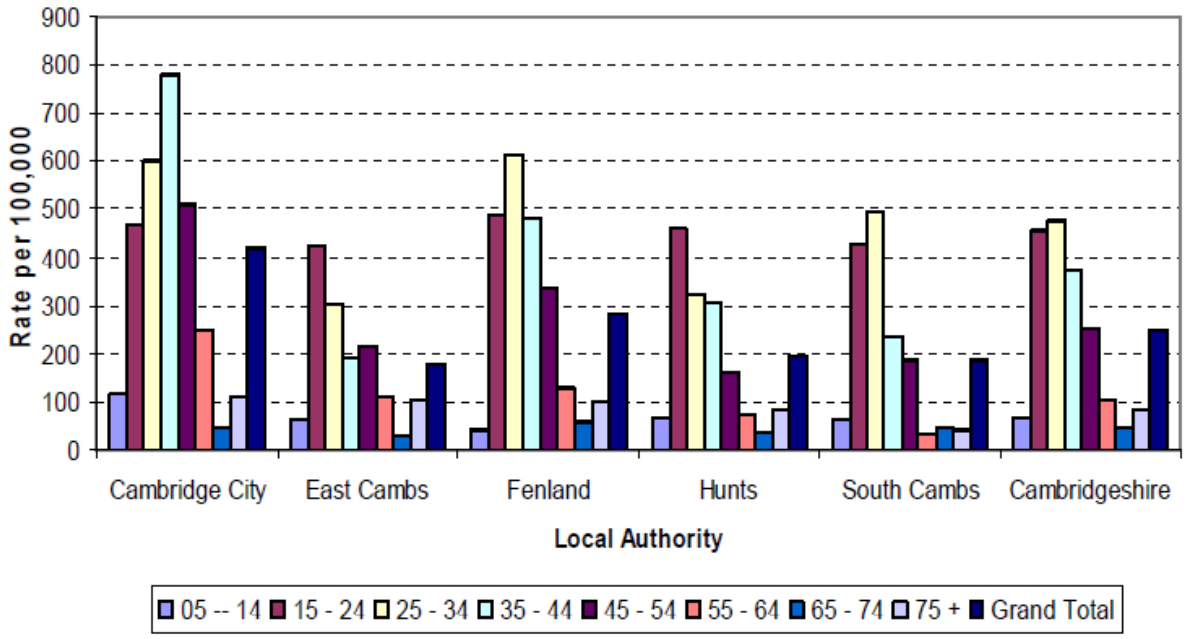
[55] Degenhart L et al. 'Global burden of disease attributable to illicit drug use and dependence: findings from the Global Burden of Disease Study 2010'. *Lancet* 2013; e-pub 29 Aug. Available at: http://www.sciencedirect.com/science/article/pii/S0140673613615305 (Last accessed 19 Nov 2013)

[56] Department of Health. (2012) 'United Kingdom Drug Situation: 2012'. Available at:http://www.nwph.net/ukfocalpoint/writedir/userfiles/file/Report%202012/REPORT2012FINAL.pdf (Last accessed 19 Nov 2013)

Figure 4. Drug misuse and drug poisoning hospital admissions in Cambridgeshire, age specific rates, 2007/08-2008/09

Table 6

Drug misuse and drug poisoning hospital admissions, all diagnosis, 2007/08 to 2008/09, age specific rates per 100,000



Source: Numerator – Admitted Patient Care Commissioning Data Set, Anglia Support Partnership
Denominator – CCC Research Group mid-year population estimates for 2007 and 2008

5.9.2 The Cambridgeshire Drug and Alcohol Action Team (DAAT)

Information about the Cambridgeshire Drug and Alcohol Action Team (DAAT) can be found on their website at: www.cambsdaat.org

This includes information on:

- Service delivery.
- Needle exchange programmes offered in pharmacies across the county.
- Local support groups can be found on the website.
- Drug and alcohol needs assessments.

5.9.3 Local service: Community pharmacy needle and syringe exchange

Some of the community pharmacies provide access to sterile needles and syringes, and sharps containers for return of used equipment. Where agreed locally, associated materials will be provided (for example condoms, citric acid and swabs) to promote safe injecting practice and reduce transmission of infections by substance misusers.

The pharmacy provides support and advice to the user, including referral to other health and social care professionals, specialist drug and alcohol treatment services where appropriate and promotes safe practice to the user, including advice on sexual health, STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.

The contracted pharmacies provide a sufficient level of privacy and safety and have a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service, including allocation of a safe place to store equipment and returns for safe onward disposal. Storage containers provided by the Specialist Drug Treatment commissioned clinical waste disposal service are used to store returned used equipment.

Usage of needle exchange services can be difficult to capture as users tend to provide little information which can be recorded and this has to be manually counted, which the service does not do as a norm.

5.9.4 Local service: Community pharmacy supervised administration service

This service requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient. Contracted pharmacies aim to offer a user-friendly, non-judgmental, client-centred and confidential service. They provide support and advice to the patient, including referral to primary care or specialist centres where appropriate.

Examples of medicines which may have consumption supervised include: methadone, other medicines used for the management of opiate dependence and medicines used for the management of mental health conditions or tuberculosis.

Terms of agreement are set up between the prescriber, pharmacist, patient, and patient's key worker (a four-way agreement) to agree how the service will operate, what constitutes acceptable behaviour by the client and what action will be taken by the Specialist Drug Treatment Service and pharmacist if the user does not comply with the agreement.

The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service and are aware of and operate within local protocols. The pharmacy contractor must maintain appropriate records to ensure effective on-going service delivery and audit and share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.

In 2012/13 there were a total of 391 individuals (263 males and 128 females) who were on supervised consumption for at least one point during the year.

5.9.5 Non pharmacy services: specialist drug services

Specialist drug services offer doctor appointments, psychosocial interventions (including cognitive behavioural therapy), structured day programmes and substitute medication in community based settings. The specialist drugs services also offer general health advice to its users. These services are available in Wisbech, Cambridge City and Huntingdon (main sites); as well as Satellite services in Ely and St Neots.

5.9.6 Consideration of services offered

People who use illicit drugs are often not in contact with health care services and their only contact with the NHS may be through a needle exchange service within a community pharmacy. At a minimum, the pharmacy can provide advice on safer injecting and harm reduction measures. In addition, community pharmacies can provide information and

signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client's addiction.

Once clients are being treated within the NHS, community pharmacies can provide supervised administration of drug therapies and instalment dispensing. Clients often need support to prevent them stopping treatment.

In some cases a local pharmacy could, through independent or supplementary prescribing and Patient Group Directions (PGDs) provide support to the clients. This could cover both advice and immunisation to protect the person from diseases or blood-borne viruses.

Testing for Hepatitis B and Hepatitis C and vaccination against Hepatitis B in community pharmacies are opportunities that could potentially be explored and piloted if it seems feasible to put the necessary systems in place. The aim of such an initiative would be to facilitate access to services and thereby provide earlier diagnosis and/or protection, in a group that is both at high risk and hard to reach.

5.10 The health of older people

5.10.1 Local health needs

In Cambridgeshire in 2011, there were 101,400 people aged 65 or over. People in Cambridgeshire are living longer and the number of people over 65 is set to grow by approximately 19% in the next four years and 33% in the next nine years. Preventative approaches are important to ensure older people remain healthy and independent in the community for longer, and to reduce the unsustainable cost of health and social care services for this growing population.[57]

Further information regarding the health and wellbeing of older people can be found in the JSNA for the Prevention of Ill Health in Older People (2013) and JSNA for Older People (including Dementia) (2010) available at www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports

5.10.2. Local services

Support for people to ensure that they remain healthy for as long as possible through the provision of healthy lifestyle advice is important. Community pharmacies can support self - care where appropriate, as well as referring back to the GP service or signposting clients to other appropriate services.

Many patients receive a range of different medications and up to 50% of patients do not take their prescribed medicines as intended.[58] Help with this, particularly for those who have complex medication regimens or have problems with taking their medication regularly, could be offered by a pharmacist working as part of a local clinical team whether in a pharmacy or doctors surgery, to give advice and support to the patients and their carers and to other healthcare professionals.

[57] CCC and NHS Cambridgeshire. (April 2013) 'Cambridgeshire Joint Strategic Needs Assessment: Prevention of Ill Health in Older People. Full Report. 2013.' Available at: http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/prevention-ill-health-older-people-2013

[58] World Health Organization. (2003) 'Adherence to long-term therapies: evidence for action.' Available at: http://whqlibdoc.who.int/publications/2003/9241545992.pdf

A pharmacist-led domiciliary medication review service has been developed to minimise side-effects and adverse reactions, enable patients to take their medication to best effect, assess understanding of medication prescribed, and encourage adherence with therapy.[59] A 'level 3 medication review' is a clinical medication review specifically undertaken by a doctor, nurse or pharmacist in the presence of the patient with access to the patient's clinical records and laboratory test results as required.[60] A level 3 medication review may be appropriate at agreed intervals for patients with a long-term condition, when a patient has recently been diagnosed with a long-term condition, when a patient has experienced an adverse effect associated with medicine-taking, when a patient/carer requests a review or reports that they have stopped taking a prescribed medication. Target patient groups for level 3 medication reviews include older people, care home residents, people on four or more medications, people receiving medications from different sources (eg GP and hospital), people recently discharged from hospital on complex medicines.[61]

In the future, community pharmacists could become more involved in more targeted pharmaceutical care, for example, domiciliary visiting for those on complex medicine regimes, and also within the multidisciplinary care and case management teams, working closely with community matrons, care co-ordinators and the Medicines Management Team within Cambridgeshire and Peterborough CCG.

New technologies are also being developed to assist patients in taking their medication as prescribed. Pharmaceutical service providers could have an increasing role to work with others in primary care team to utilise these to improve patient concordance.

5.10.3 Case study: Home visits for people who need medicines support

In Croydon the local authority has commissioned local community pharmacists to visit people at home to undertake medicines use reviews.[62] Housebound patients who need additional support with medicines use are identified by the community pharmacist or the GP.

Patients are also identified by teams in the local hospital (accident and emergency nurses and the pharmacy team) who are referred initially to the pharmaceutical team at the clinical commissioning group, who then refer patients to the community pharmacist if adherence to medicines has been highlighted as a possible issue.

The contract for the domiciliary medicines use review service is funded by the local authority and managed by the CCG. The service is open to any community pharmacist who has attended the training and is accredited to deliver the reviews. The impact of the service has been demonstrated by recording the interventions made as part of the medicines use review, and assessing whether the intervention could have avoided an emergency hospital admission. The interventions are peer reviewed and then quantified in terms of cost avoidance using current cost of an emergency admission in Croydon.

[59] National Prescribing Centre. (2008). 'A guide to medication review'. Available at: http://www.npc.nhs.uk/review_medicines/intro/resources/agtmr_web1.pdf
[60] Northern Health and Social Services Board. (2003) 'A guide to patient medication review.' Available at: http://www.nhssb.n-i.nhs.uk/prescribing/documents/Guide.pdf
[61] Task Force on Medicines Partnership and The National Collaborative Medicines Management Services Programme. (2002) 'Room for review. A guide to medication review: the agenda for patients, practitioners and managers.' Available at: http://www.npc.nhs.uk/review_medicines/intro/resources/room_for_review.pdf
[62] Royal Pharmaceutical Society (2013). 'Now or never: shaping pharmacy for the future' Available at: http://www.rpharms.com/promoting-pharmacy-pdfs/moc-report-full.pdf (Last accessed 11 Nov 2013)

5.11 Long term condition

Patients with Long Term Conditions (LTCs) are likely to be taking medication, often several medications. These patients have a particular need to understand the role medicines play in managing their condition in order to gain maximum benefit and reduce the potential for harm. Several types of interventions (eg reduced dosing demands as well as monitoring and feedback) may help in improving medication adherence.[63] Self-monitoring of medication taking can also potentially be facilitated by new technologies (eg automatic pill dispensers and home blood pressure monitors).[64] It should be noted that, ideally, research in this field should consider not only patient adherence to medication but also patient outcomes.

Under NHS contractual arrangements community pharmacists already have the opportunity to carry out Medicines Use Reviews (MURs). As part of the Dispensing Services Quality Scheme (DSQS), dispensing staff are trained to discuss issues of concordance and compliance with patients during a Dispensing Review of Use of Medicines (DRUM). Any issues or concerns raised are then referred to the appropriate health care professional for follow up. Both pharmacy MURs and dispensary DRUMs are designed to improve the patient's understanding of the importance of the medicine in controlling their disease and the reason for taking medicine appropriately. These can improve patient concordance and support and reinforce the advice given by the prescriber. There are opportunities to increase the uptake of MURs and in the future to target pharmaceutical care towards complex cases.

The HWB and its partners recognise the importance of improving awareness of the risks associated with Long Term Conditions (LTC). Health campaigns aimed at improving medicines-related care for people with LTC and therefore reducing emergency admissions could be provided through community pharmacies. In addition, pharmacists and their staff already provide a signposting service to other sources of information, advice or treatment.

Community pharmacists could be involved in monitoring the use of, for example: statins, blood pressure regulating medication and supplementary prescribing, making adjustments to the treatment being received by the patient.

Pharmacists are also involved in the early detection of some cancers, for example, through the provision of advice on skin care and sunbathing, and participating in the Be Clear on Cancer campaign,[65] which aims to improve early diagnosis of cancer by raising awareness of symptoms and making it easier for people to discuss them with their GP.

5.11.1 Example of a long term condition: Diabetes mellitus

One example of a long-term condition is diabetes mellitus. People with a diagnosis of diabetes use primary care and pharmacy services regularly. Diabetes risk is related to age, obesity and other lifestyle factors. These characteristics are at the same time risk factors for other common long term conditions such as hypertension, heart disease and kidney disease.

---

[63] Kripalani et al 2007. Interventions to Enhance Medication Adherence in Chronic Medical Conditions: A Systematic Review. Arch Intern Med. 2007;167:540-550. http://archinte.jamanetwork.com/article.aspx?articleid=412057 (accessed 25 Nov 2011)

[64] Zullig et al 2013. Ingredients of Successful Interventions to Improve Medication Adherence. JAMA 2013 (e-pub 21 Nov). http://jama.jamanetwork.com/article.aspx?articleID=1784085&utm_source=Silverchair%20Information%20Systems&utm_medium=email&utm_campaign=JAMA%3AOnlineFirst11%2F21%2F2013 (accessed 25 Nov 2013)

[65] More information on Be Clear on Cancer homepage, available at: http://www.cancerresearchuk.org/cancer-info/spotcancerearly/naedi/beclearoncancer/.

In **Map 13** the size of the dot on the map shows three levels of diabetes prevalence as recorded by GP practices in the Quality and Outcomes Framework (QoF). A bigger dot indicates that a higher proportion of people in the area have diabetes.

5.11.2 Case study: Pharmacist led long-term conditions clinic in a GP practice

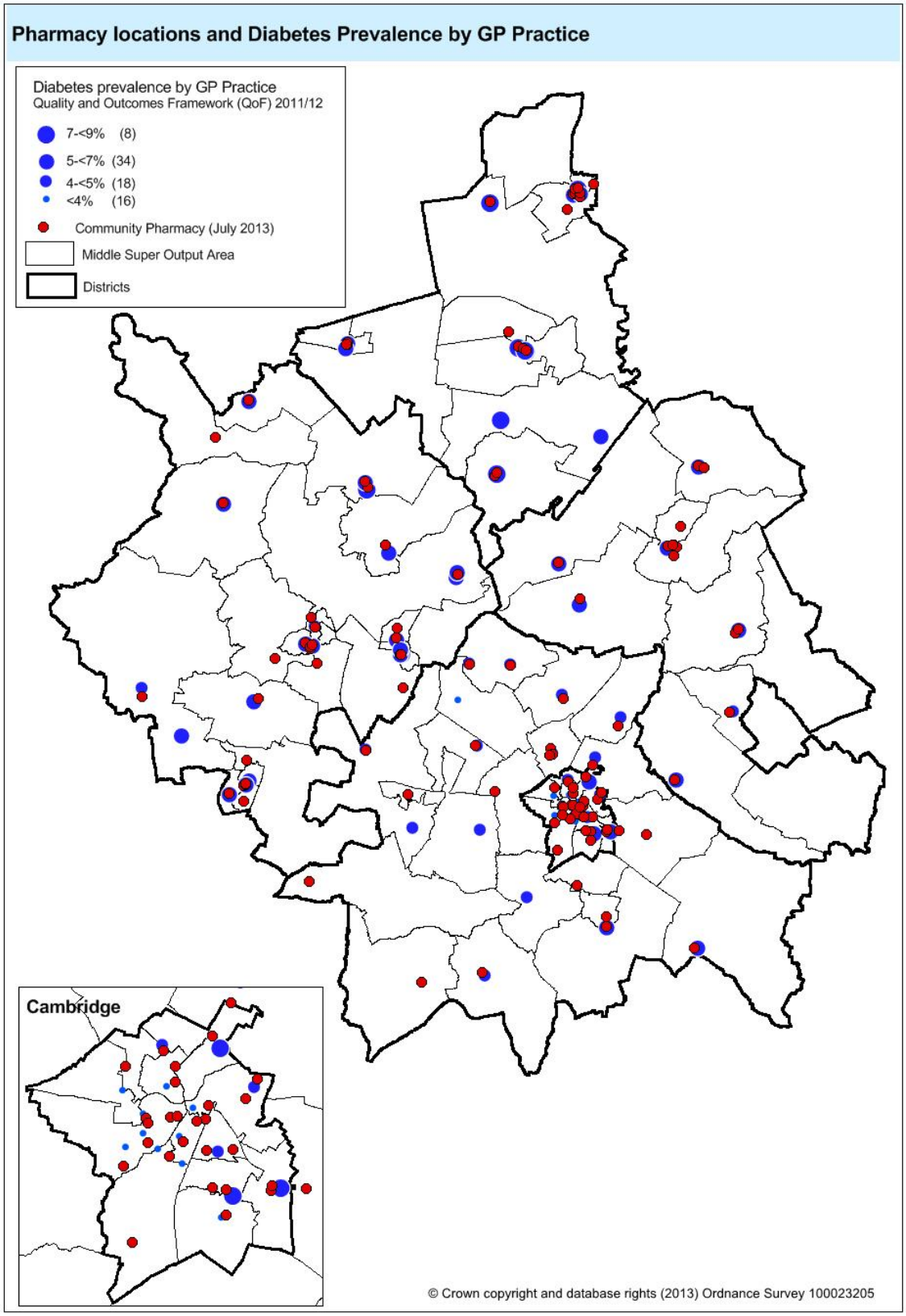
At Hartland Way Surgery in Greenwich a pharmacist prescriber runs clinics for patients with cardiovascular disease, respiratory disease and hypertension.[66] The clinics aim to optimise the patient's medicines use by providing support that gives them a better understanding of their condition, improves the way they take their medicines, reduces their chances of hospital admission, allows for timely intervention if their condition deteriorates or relapses, and provides appropriate referral to other agencies when needed. The pharmacist also manages medicine issues related to hospital admissions, ensuring that, for example, any changes to the patient's medicines are picked up early.

5.11.3 Consideration of services offered

Many patients with long term conditions receive a number of different medications for co-morbidities. Help with this, particularly for those with complex problems of concordance, could benefit from the intervention of a pharmacist working within a local clinical team, to give both them and other health professionals' advice and support.

[66] Royal Pharmaceutical Society (2013). 'Now or never: shaping pharmacy for the future' Available at: http://www.rpharms.com/promoting-pharmacy-pdfs/moc-report-full.pdf (Last accessed 11 Nov 2013)

Map 13. Diabetes prevalence and locations of pharmacies in Cambridgeshire



5.12 Mental health

Pharmacy staff can play a role in promoting awareness of good mental health, for example, signposting to information about local support networks, mental health helplines etc.

Community pharmacists can also help by promoting simple mechanisms to help people understand and take their medicines as intended. If necessary, the patient could receive medication by instalment dispensing or through supervised administration.

5.13 Healthcare associated infections

Pharmacy providers are involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and *C difficile.*

Senior specialist antimicrobial pharmacists within hospitals, primary care trust pharmacists and microbiology/infectious diseases/infection control teams must work together to develop, implement and monitor antimicrobial guidelines across the local health economy. This will involve community pharmacists and GPs working together with hospital teams to align prescribing with the agreed local policy.

Within the secondary care setting, it is possible for pharmacists to lead on 'switching' policies to convert patients from intravenous therapy to oral drug therapy at the earliest appropriate opportunity.

Increasingly, patients are treated with intravenous antibiotics at home. The patient's regular community pharmacy, together with hospital pharmacy services, should be aware of and could be involved in their treatment.

Within primary care, dispensing staff are able to reinforce the message that antibiotics are not always necessary and explain the relationship between excessive use of antibiotics and Health Care Acquired Infections (HCAIs). In addition, they are able to inform other primary care practitioners when a prescribed item is not normally available in the community.

5.14 Medication related harm

5.14.1 Local health needs

In their report, *Safety in doses: improving the use of medicines in the NHS,* the National Patient Safety Agency reviewed medication incidents reported to the Reporting and Learning System (RLS) in 2007.[67] The most serious incidents reported included 100 medication incident reports of death and severe harm. Most serious incidents were caused by errors in medicine administration (41%) and, to a lesser extent, prescribing (32%). Three incident types – unclear/wrong dose or frequency, wrong medicine and omitted/delayed medicines – accounted for 71% of fatal and serious harms from medication incidents.

[67] National Patient Safety Agency (2009) 'Safety in Doses: Improving the use of medicines in the NHS.' Available at: http://www.nrls.npsa.nhs.uk/resources/?entryid45=61625 (Last accessed 12 Nov 2013)

A prospective study of a random sample of residents, within a purposive sample of homes in three areas, found that two thirds of residents were exposed to one or more medication errors. The authors concluded that "the will to improve exists, but there is a lack of overall responsibility. Action is required from all concerned."[68]

5.14.2 Local services

In the community, pharmacists should work with GPs and nurse prescribers to ensure safe and rational prescribing of medication.

NHS England works with all pharmacies and other agencies to ensure that they are contributing to the system wide implementation of safety alerts – for instance National Patient Safety Agency (NPSA) alerts on: anticoagulant monitoring, methotrexate, lithium safety, cold chain integrity etc.

Through the provision of MURs, DRUMs, clinical screening of prescriptions and identification of adverse drug events dispensing staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated.

An example of a local service that can be commissioned from pharmacies is anticoagulation monitoring ('INR Clinics'). Currently this is provided in only one pharmacy in Cambridgeshire (Sainsburys Cherry Hinton Branch, as an outreach service through Addenbrookes CUFT). The service is mentioned here, as an example, from feedback in the public consultation which pointed out that this service exists in the county.

5.14.3 Case study: Pharmacist support for care homes

Enfield Council and Enfield CCG jointly employ a pharmacist who sits in the CCG's medicines management team and both provides pharmaceutical care to residents and responds to safeguarding alerts relating to medicines in any of the care facilities.[69]

The pharmacists' clinical priorities are to ensure that all residents have medication reviews and to make sure that the medicines they are taking are all still needed, can be taken together, and are optimal for the individual patient. At the same time the pharmacist offers education and training for care home staff to improve the use and handling of medicines.

When a safeguarding alert related to medicines is raised, the pharmacist carries out a risk assessment on the care facility. An implementation plan to correct problems with medicines governance is developed and the home is followed up against the plan.

5.14.4 Case study: Pharmacist led anticoagulation clinic

Patients taking anticoagulation medication can choose one of 17 pharmacies in Brighton for their regular blood test with appointments available at flexible times.[70] The pharmacist tests the patient's blood levels of medication and can adjust the dosage of medication there and then if needed, with appointments usually taking around ten minutes. The previous hospital service required patients to make an appointment at a hospital with limited opening times,

[68] Barber D et al. (2009) 'Care homes' use of medicines study: prevalence, causes and potential harm of medication errors in care homes for older people.' Qual Saf Health Care18:341-346. Available at: http://qualitysafety.bmj.com/content/18/5/341.full (Last accessed 21 Nov 2013)

[69] Royal Pharmaceutical Society (2013). 'Now or never: shaping pharmacy for the future' Available at: http://www.rpharms.com/promoting-pharmacy-pdfs/moc-report-full.pdf (Last accessed 11 Nov 2013)

[70] Ibid.

blood was taken in one part of the hospital and then the patient had to go to another department to have their levels interpreted. The service is commissioned using a community service contract with Boots as lead provider and other community pharmacies as sub-contractors. It is supported by GPs with a special interest in anticoagulation.

5.14.5 Consideration of services

Medication errors in care homes for older people can be reduced by reviewing the safety of local prescribing, dispensing, administration and monitoring arrangements in the provision of medication to older people in care homes. At the time of writing, it is unclear who is responsible for working with primary medical care contractors, providers of pharmaceutical services and social care partners to address this issue. This information will be updated once this is clarified. The local alignment of GP practices with specific care homes will support the objective of improving medication safety in this group.

5.15 Migrant workers

5.15.1 Local needs

A JSNA for Migrant Workers in Cambridgeshire was carried out in 2009.[71] The JSNA highlights that Migrants are not a homogenous group but come from all over the world and with different socio-economic backgrounds. They provide labour and skills for local business and public services. Many migrant workers are working below their skill level even if their skills are in areas where there are skill shortages. The wellbeing and integration of migrant workers is affected by their financial situation, access to adequate and affordable accommodation and access to English language courses designed to meet their needs.

Data suggest that many people who come to Cambridgeshire and work do not register with a GP. This may indicate unmet health needs amongst this population or a lack of awareness of available services, but also likely reflects that this group has a more transient nature and are relatively healthier due to their younger age.

5.15.2 Consideration of services offered

The JSNA did not identify an extra demand on services from migrants, seasonal workers or students and therefore no need has been identified for additional pharmaceutical services.

The key recommendation in the JSNA that affects provision of pharmaceutical services is to:

- Increase awareness of and access to primary care health services amongst migrant workers including GP practices, dentists, optometrists and pharmacies with emphasis on health promotion and disease prevention.

5.16 Community Pharmacy Minor Ailments Service

The White Paper *Pharmacy in England – Building on Strengths, Delivering the Future*[72] set out the introduction of minor ailments services that promotes pharmacy as the first port of call for people with minor ailments and complements GP and out-of-hours medical provision.

[71] 'JSNA for Migrant Workers in Cambridgeshire'. (2009) Available at: http://www.cambridgeshireinsight.org.uk/currentreports/migrant-workers (Last accessed 29 Oct 2013).
[72] Department of Health (2008). 'Pharmacy in England: Building on strengths – delivering the future.' Available at: http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf (Accessed 19 Nov 2013)

A minor ailments service was first commissioned in Cambridge City and South Cambridgeshire PCT in 2002. In 2009 this service was reviewed and re-launched across Cambridgeshire to include Huntingdonshire, East Cambridgeshire and Fenland.

The service aims to provide greater choice for patients and carers, and improved access to health care professionals by utilising the expertise of the pharmacists, so they become the first port of call for minor ailments. This can complement other medical services provisions and educate patients in self-care, thereby reducing the impact on GP consultations.

To register for the service, a person must be exempt from prescription payment and registered with a GP practice (patients who pay for prescriptions may still consult with the pharmacist for health advice but would have to buy any medication supplied). No treatment is provided for children of less than three months of age. The pharmacist provides the patient with a unique number on a registration card.

The following minor ailments were included:

- Constipation
- Diarrhoea
- Headlice, Sore Throat, Earache
- Hay Fever, Conjunctivitis, Indigestion and Infant Gripes, Thread Worm
- Coughs, Temperature, Nasal Congestion
- Fungal Skin Infections
- Thrush, Cold Sores, Nappy Rash, Headache

5.17 Community Pharmacy Palliative Care Service

Palliative care is the care of any patient with an advanced, incurable disease. It involves the control of symptoms, such as pain, and aims to improve quality of life for both patients and their families. Drug treatment plays a major role in symptom control in palliative care. The aim is to ensure that appropriate palliative care drugs are available in the community at the point of need.

Designated community pharmacies hold essential palliative care drugs for easier access. The drugs that must be held in stock by pharmacies taking part in the scheme are listed in the essential list of palliative care drugs agreed with palliative care clinicians. When pharmacies are closed Urgent Care Cambridgeshire are required to meet the needs of patients for provision of essential palliative care drugs.

5.18 Community Pharmacy Healthy Start Service

Healthy Start is the Department of Health's scheme to help pregnant women and children under four in low-income families eat healthily. Healthy Start replaces the welfare food scheme. It is active throughout Great Britain and Northern Ireland.

The scheme:

- Includes fresh fruit and vegetables as well as milk and infant formula milk.
- Supports breastfeeding.
- Encourages earlier and closer contact between health professionals and families from disadvantaged groups.

- Includes free vitamin supplements for children from six months until their fourth birthday, and free vitamin supplements for pregnant women and women with babies up to one year old.

The scheme makes healthy start vitamin supplements available, and this is being achieved through arrangements with local community pharmacies. Pharmacy coverage is voluntary and unpaid. The scheme was previously overseen by the Medicines Management Team at the PCT, but is now under the responsibility of NHS England.

As of September 2013 there were 19 pharmacies signed up to provide the service. In the period April 2012 to March 2013, 208 bottles of vitamin tablets and 372 bottles of vitamin drops were issued as part of the service. The uptake of some aspects of the Healthy Start scheme is above 75% whilst uptake of the vitamin supplements component is assumed to be well below 10%. Vitamins are also made available to eligible families through Children's Centres.

5.19 Community Pharmacy Not Dispensed Scheme

The National Audit Office in 2007 found that drugs wastage is a significant cost for the NHS: at least £100 million a year, and perhaps considerably more.[73]

One objective marker of waste in prescribing that is easily measurable, is the production of prescriptions bearing items that the patient does not require. This may be caused by a misunderstanding on the part of any or all of the parties involved in the ordering and production of the repeat prescription.

During November 2007 community pharmacies in Cambridgeshire were invited to sign up to a 'Not Dispensed Scheme'. The Not Dispensed Scheme highlights items that are not required by the patient and informs their GP's. Previously GPs did not get any feedback on medicines which had not been dispensed or were returned to the pharmacy unused.

Out of 109 community pharmacies in Cambridgeshire there are currently 94 pharmacies (86.2%) signed up to the scheme. Not all pharmacies signed up submit claims to the medicines management team on a monthly basis. Pharmacies are entitled to a small fee for each item that is not dispensed. There are restrictions on items that may be claimed under the scheme.

There is an opportunity for prescribers to use the NHS Repeat Dispensing Scheme. There is a contractual requirement[74] for community pharmacists to undertake this scheme which could help with drugs wastage.

5.20 Further opportunities

There is potential to draw on experiences from areas where community pharmacies have worked innovatively to address key local public health challenges and benefit local communities. Possible examples include work around fuel poverty, falls prevention (this will be built into screening pathway in Huntingdonshire), supporting people at risk of domestic abuse, and behavioural change initiatives.

[73] National Audit Office (2007) 'Prescribing Costs in Primary Care.' Available at: http://www.nao.org.uk/wp-content/uploads/2007/05/0607454.pdf (Last accessed 21 Nov 2013)
[74] Drug Tariff October 2013 (p32).

Some further case studies illustrating innovative ways of working are described below.

5.20.1 Case-study: Co-location of library and pharmacy in Lincolnshire

In November 2012, the library in Waddington moved into the Lincolnshire Co-operative pharmacy, with the aim of creating a community hub of key village services. The site also includes a post office. £70,000 investment provided a distinct library section featuring 4,000 books, a photocopier, self-issue technology, two internet computers, an enquiries desk and seating areas. The pharmacy was also refurbished, including new seating and a new consultation area.[75]

The new arrangements mean that people in the village can borrow books during the pharmacy's opening hours, whereas previously the library was only open for 14 hours a week. In December 2012, 20% more books were issued compared with December 2011 and almost double the number of new members joined. This model brings together on one site three of the key local sources of information, advice and signposting and in so doing, increases their likelihood of survival.

Contact: Jonathan Platt, Head of Libraries and Heritage, Lincolnshire County Council. Email: jonathan.platt@lincolnshire.gov.uk

5.20.2 Case study: 'Know your skin' awareness campaign, Devon

Devon has one of the highest rates of skin cancer in the UK. Many cases of skin cancer are preventable and community pharmacy can play a role in this. Just over 90 community pharmacies in Devon supported the 'Know your skin' campaign in 2012, which aimed to raise awareness of the signs and symptoms of skin cancer and to help patients to take action to reduce their risk.[76]

The programme trained community pharmacy staff to be proactive in engaging patients about their risk of skin cancer. These brief conversations could lead to more comprehensive interventions or a referral to a GP if there was a concern about their skin. More than 1,100 conversations took place with patients during the month of the campaign and 83 customers were signposted to their GP for further advice.

Contact: Sarah Bird, Tobacco Control Project Officer, Devon County Council. Email: sarah.bird@devon.gov.uk

5.20.3 Case study: Support for Carers Week, Oxfordshire

In Oxfordshire, community pharmacies have worked in partnership with the local carers' organisation to deliver a carers identification programme.[77]

More than 100 pharmacies were involved in distributing leaflets and logging details of people who could be identified as carers. One of the things that most attracted pharmacists to participate in this campaign was that they were given excellent literature promoting the 'Emergency Carer' service.

As long as the carer is pre-registered with the service, they have the peace of mind that should they become suddenly ill or be unable to fulfil their caring role for some other reason

[75] Local Government Association 2013. Community Pharmacy: Local government's new public health role.
[76] Local Government Association 2013. Community Pharmacy: Local government's new public health role.
[77] Local Government Association 2013. Community Pharmacy: Local government's new public health role.

the service will step in at short notice (a couple of hours) and provide care for a day or two during the crisis. This was something that pharmacists found easy to talk to customers about, because both they and the carers could see the immediate value in being signed up to the scheme. More than 300 carers were identified through the programme, which has enabled them to access additional support services available to carers in their area.

By working with a local organisation, community pharmacies were able to make a contribution to the wider health and wellbeing of their local population.

Contact: Fiona Castle, Chief Officer, Oxfordshire Local Pharmaceutical Committee. Email: fiona.castle@oxlpc.org.uk

5.20.4 Case study: Healthy Living Pharmacies in Lancashire

Lancashire has significant levels of health inequalities, primary care access challenges and inappropriate attendance at urgent care. Projects including Health Trainers, Healthy Living Champions, Alcohol Brief Intervention, Minor Ailments, Emergency Contraception and One to One Stop Smoking Services created a pharmacy workforce well prepared to take part in the national Healthy Living Pharmacy (HLP) pathfinder programme.

HLP pharmacies appeared to deliver better results across several outcomes when compared to those not actively engaged. Respiratory Medicine Use Reviews, by HLP pharmacists, found 35% had not been seen by a doctor or nurse in the previous year. Six-month follow-up after a pharmacy intervention saw a 48% improvement in symptoms.

Individual pharmacists have described how HLP has provided them with a framework and quality standard to define and enhance interactions with patients leading to positive health outcomes and a confidence to continue to develop the model. Engagement with community groups such as local GP practice patient forums and the local Muslim community group have seen the pharmacy-based Healthy Living Champions working with and providing interventions in the community least likely to access services.[78]

Contact: Linda Bracewell, Pharmacist, Baxenden Pharmacy. Email: lindabracewell@nhs.net

[78] Local Government Association 2013. Community Pharmacy: Local government's new public health role.

6 Future Population Changes and Housing Growth

Key messages:
Over the coming years the population in Cambridgeshire is expected to both age and grow substantially in numbers. An increase in population size is likely to generate an increased need for pharmaceutical services, but on a local level changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required, due to the range of other factors influencing local pharmaceutical needs. Several large-scale housing developments are in progress and considerations, when assessing needs for local pharmaceutical service providers, should be based on a range of local factors specific to each development site. These are further described in section 6.5.2 of the PNA report.

To facilitate commissioning of pharmaceutical services responsive to population needs, the Health and Wellbeing Board partners will, in accordance with regulations, monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmacies might be required.

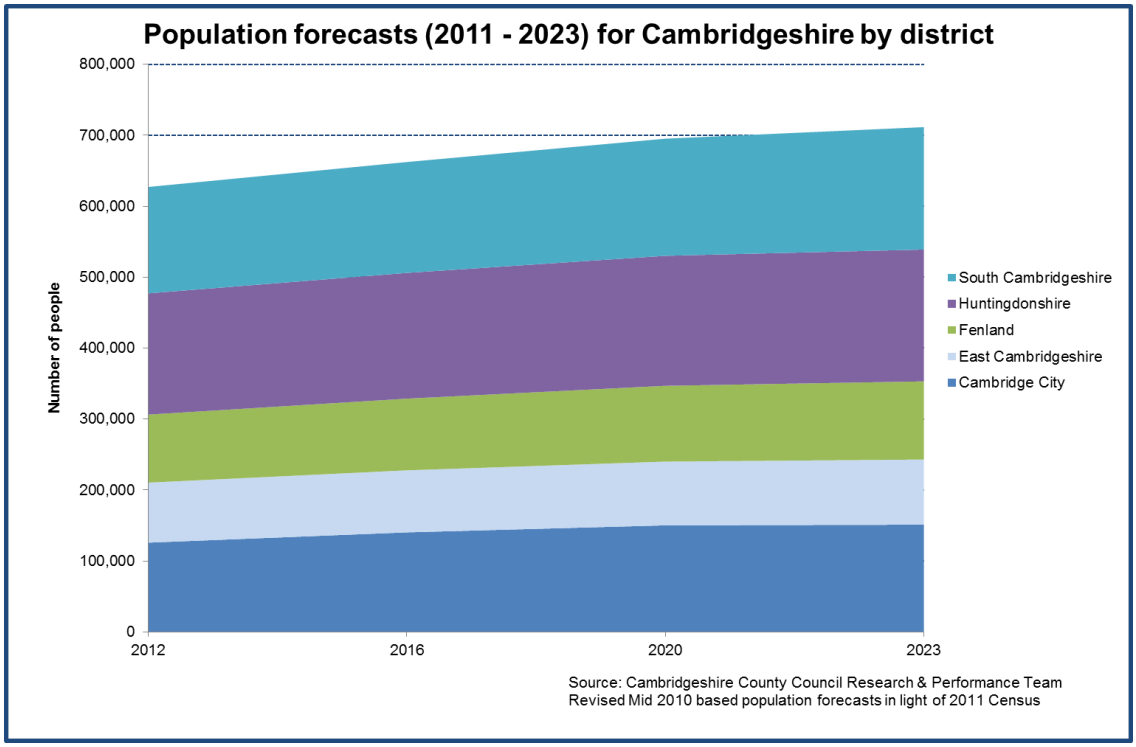
This section considers population changes and housing growth in Cambridgeshire. Particular emphasis is placed on expected housing completions during 2014 to 2017, which is the three-year period before the PNA will need to be updated.

6.1 Population changes in Cambridgeshire

The population of Cambridgeshire was 621,100 in 2011 and is expected to increase by approximately 80,000 (12.9%) to 701,000 by 2021.

An overview of the population growth in Cambridgeshire by district in the coming decades is shown in **Figure 5**. The largest increases in both absolute and relative terms are expected in Cambridge City, Fenland and South Cambridgeshire, where a number of significant new housing developments are planned, including the new town of Northstowe.

Figure 5. Population forecasts for Cambridgeshire, by district, from 2011 to 2023



CCC expects the population of 0 to19 year olds in Cambridgeshire to increase by 10% between 2011 and 2021 (see **Table 9)**. Cambridge City and Fenland are forecast to have the largest increases, of 28.5% and 19.3% respectively.

Table 9. Current and Forecast Population aged 0-19 years

Local Authority	2011	2021	% Change
Cambridge	27,000	34,700	28.5%
East Cambridgeshire	19,900	20,900	5.0%
Fenland	21,200	25,300	19.3%
Huntingdonshire	40,500	39,500	-2.5%
South Cambridgeshire	36,200	39,500	9.1%
Cambridgeshire	144,800	159,900	10.4%

Source: Research & Performance Team Interim Population Forecasts 2011Base

The adult working-age population (age 20 to 64) in Cambridgeshire is expected to increase by some 5% between 2011 and 2021 (see **Table 10)**. Cambridge City is expected to have the largest increase at 16.4%.

Table 10. Current and Forecast Population aged 20-64 years

Local Authority	2011	2021	% Change
Cambridge	82,200	95,700	16.4%
East Cambridgeshire	49,600	49,200	-0.8%
Fenland	54,700	57,400	4.9%
Huntingdonshire	101,700	106,300	4.5%
South Cambridgeshire	87,900	87,300	-0.7%
Cambridgeshire	376,200	395,900	5.2%

Source: Research & Performance Team Interim Population Forecasts 2011 Base

The number of people in Cambridgeshire aged over 65 years is expected to increase by 45% between 2011 and 2021 (see **Table 11)**. The greatest percentage increase in the elderly population is expected in South Cambridgeshire at 64.8%, but all areas of the county are forecast to have major increases of 31.1% or higher.

Table 11. Current and Forecast Population aged 65 years and over

Local Authority	2011	2021	% Change
Cambridge	14,600	20,400	39.7%
East Cambridgeshire	14,300	20,300	42.0%
Fenland	19,300	25,300	31.1%
Huntingdonshire	27,300	38,500	41.0%
South Cambridgeshire	24,700	40,700	64.8%
Cambridgeshire	100,200	145,300	45.0%

Source: Research & Performance Team Interim Population Forecasts 2011 Base

6.2 Housing growth

The county has been an area of growth for many years. In fact, Cambridgeshire was the fastest growing county between the 2001 and 2011 Census in terms of population growth. Emerging district council local plans continue to support future growth in their areas of the county to meet housing need and support economic growth.

The 2013 update of the Strategic Housing Market Assessment (SHMA) proposes a total of 75,000 new dwellings in the county from 2011 to 2031. The recession and current economic situation has caused a slowdown in house building and a delay in starting work on major new housing sites. During 2012/13, there were 2,123 new dwellings completed, which is less than the 2,478 completed in 2011/12 and 2,504 in 2010/11. District council planners expect annual house completions to increase to pre-recession levels of over 4,000 completions a year from 2014/15.

Tables 12 to 14 describe dwelling commitments across Cambridgeshire; commitments on sites of more than 100 dwellings by district; and proposed completions during 2013/14 to 2016/17.

Table 12. Dwelling Commitments in Cambridgeshire at 31 March 2013

Outline planning permission	Full/reserved matters permission, not started permissions	Under construction	Total planning permissions	Allocations with no planning permission	Total commitments
7,772	5,241	2,857	15,870	19,315	35,185

Source: Research & Monitoring Team, 2013

Table 13. Sites providing greater than 100 dwellings by District, 31 March 2013

Local Authority	Completed 01/07/01 - 31/03/13	Under construction	Committed but not started
Cambridge City	3,167	1,147	8,622
East Cambridgeshire	3,204	49	552
Fenland	1,185	16	1,385
Huntingdonshire	4,506	269	2,133
South Cambridgeshire	5,841	219	15,726
Cambridgeshire	17,903	1,700	28,418

Source: Research & Monitoring Team, 2013

Table 14. Proposed number of annual completions 2013/14 to 2016/17

Local Authority	2013/14	2014/15	2015/16	2016/17
Cambridge	1,285	1,842	1,687	1,548
East Cambridgeshire	489	496	599	620
Fenland	473	547	479	499
Huntingdonshire	676	970	1235	1169
South Cambridgeshire	770	816	959	959
Cambridgeshire	3,693	4,671	4,959	4,795

Source: Research & Monitoring Team, 2013

6.3 Growth during 2014 – 2017

Several major developments are expected to progress significantly during 2014 to 2017. There are developments on the southern fringe of Cambridge which are underway and a number of other major developments are expected to begin.

Map 14 illustrates the housing supply on sites greater than 100 dwellings for Cambridgeshire as a whole. Similarly, **Map 15** illustrates the housing supply for Cambridge and Northstowe. These maps and the data underpinning them are available on the CCC website.[79]

Key information about major sites (more than 1,000 dwellings) is summarised in **Table 15**.

[79] Cambridgeshire County Council: Major housing development. Available at: http://www.cambridgeshire.gov.uk/NR/exeres/0B0FB286-B2E9-4B54-8E33-60A605571BAC.htm (Last accessed 12 Nov 2013)

Table 15. Major developments in Cambridgeshire 2014 to 2017

Site	Area	Total units	Estimated start date	Completed by mid-2017	Final total population
Northstowe	South Cambridgeshire	10,000	2014	450	25,000
Alconbury Weald	Huntingdonshire	5,000	2015	420	12,500
St Neots East	St Neots	3,700*	2014	870	9,250
Ely North	Ely	3,000	2014	480	7,500
Cambridge North-West	Cambridge fringe	3,000	2014	980	7,500
Darwin Green 1&2	Cambridge fringe	2,700	2014	940	6,800
Clay Farm	Cambridge fringe	2,300	Started	1950	5,800
Trumpington Meadows	Cambridge fringe	1,200	Started	590	3,000
Wing	Cambridge fringe	1,500	2015	150	3,800

* St Neots East includes two separate sites, Wintringham Park (2,800 units) and Loves Farm East (900 units with a possible potential for 1200 units).

Source: Research & Performance Team and Research & Monitoring Team data

6.4 Growth after 2017

After 2017, there are likely to be additional sites that need to be taken account of in future PNAs. Possible sites include Cambourne, Cambourne West, and Waterbeach.

6.5 Monitoring of housing developments and needs for pharmaceutical services

In addition to the growing and ageing population, the large-scale housing developments in progress can impact on the need for pharmaceutical services in their area in the future.

The HWB has considered ways of monitoring the progress of these housing developments in relation to need for pharmaceutical services.

6.5.1 Monitoring of housing developments

CCC Research and Monitoring Team publish a quarterly update on the status of major housing developments in Cambridgeshire.[80] This information can be used to inform monitoring of need for pharmaceutical services before the next PNA is published.

CCC also monitors, on behalf of the five Cambridgeshire district councils, the annual number of commitments, completions and units under construction. This information is available on an annual basis across the county.[81] Councils,

Each District in Cambridgeshire has a plan for community growth and development and these plans are under regular review.

In addition to monitoring individual housing sites, it may be necessary to monitor cumulative developments across several sites; ie if a number of smaller developments are built in an area then future completions may be worth monitoring by town/village/vicinity to pharmacies as well as just by individual housing developments. This might be particularly relevant where the ratio of pharmacies to people is already above or below average.

[80] Ibid.
[81] Cambridgeshire County Council. 'Housing Development' webpage. Available at: http://www.cambridgeshire.gov.uk/environment/planning/policies/monitoring/housing-development.htm (Last accessed 12 Nov 2013)

6.5.2 Factors to consider in relation to needs for pharmaceutical services

In Cambridgeshire there is currently one pharmaceutical provider (defined as community pharmacy or dispensing GP practice) per 4,171 people. The highest concentration of pharmacies in England is one pharmacy per 4,000 people (in the Northwest) and the lowest concentration is on pharmacy per 5,555 people (South Central).

According to the 2011 Census the average number of people per household in East of England is 2.3-2.4 (the average for England is 2.3). However, an analysis undertaken by CCC Research Group, to forecast the population of new developments in Cambridgeshire, suggested that it is reasonable to assume an average household size of 2.5 people. The average household size was expected to be relatively consistent in different housing mix scenarios, so that the average would be between 2.25 and 2.75 people for most scenarios. For the three-year period from 2013/14 to 2015/16 (ie the period before the PNA is updated) it is expected that 13,323 occupied new homes may be built. Assuming 2.5 people per household, this corresponds to new housing for around 33,300 people.

The HWB is not aware of any robust evidence to suggest a generic 'population trigger point' for when a housing development in a location might need a pharmaceutical service provider. The HWB is also not aware of any measure of the extent to which existing local pharmaceutical service providers can accommodate the increase in need for pharmaceutical services created by an increase in local population size. However it is aware that there was an expectation, in the 2005 contractual framework funding arrangements, that efficiencies in pharmacy operations and improved use of skill mix would lead to greater overall operational efficiencies and capacity of individual pharmacies. This increase in efficiency and capacity should be considered by commissioners when making market entry decisions

An increase in population size is likely to generate an increased need for pharmaceutical services, but, on a local level, changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required to meet local pharmaceutical needs, due to the range of other factors influencing such needs.

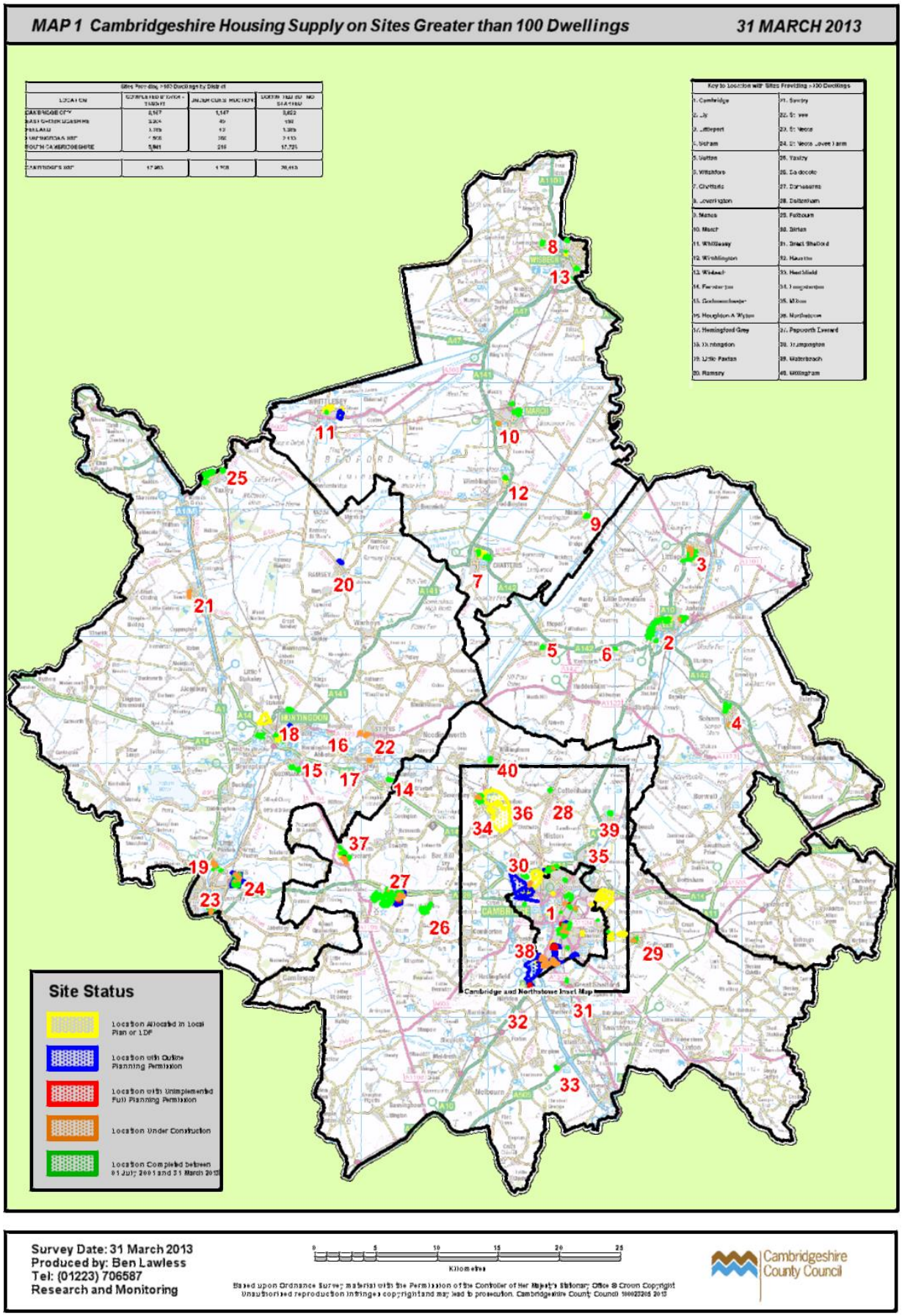
Considerations, when assessing needs for local pharmaceutical service providers, should be based on a range of local factors specific to each development site. Such factors may include:

- Average household size of new builds on the site.
- Demographics: People moving to new housing developments are often young and expanding families, but some housing developments are expected to have an older population with different needs for health and social care services.
- Tenure mix, ie the proportion of affordable housing at the development.
- Existing pharmaceutical service provision in nearby areas and elsewhere in the county and opportunities to optimise existing local pharmaceutical service provision;
- Access to delivery services, distance selling pharmacies, and Dispensing Appliance Contractors that can supply services.
- Developments in pharmaceutical supply models (eg delivery services, robotic dispensing, centralised hub dispensing and electronic transmission of prescriptions) that could affect the volume of services a pharmaceutical service provider can deliver.

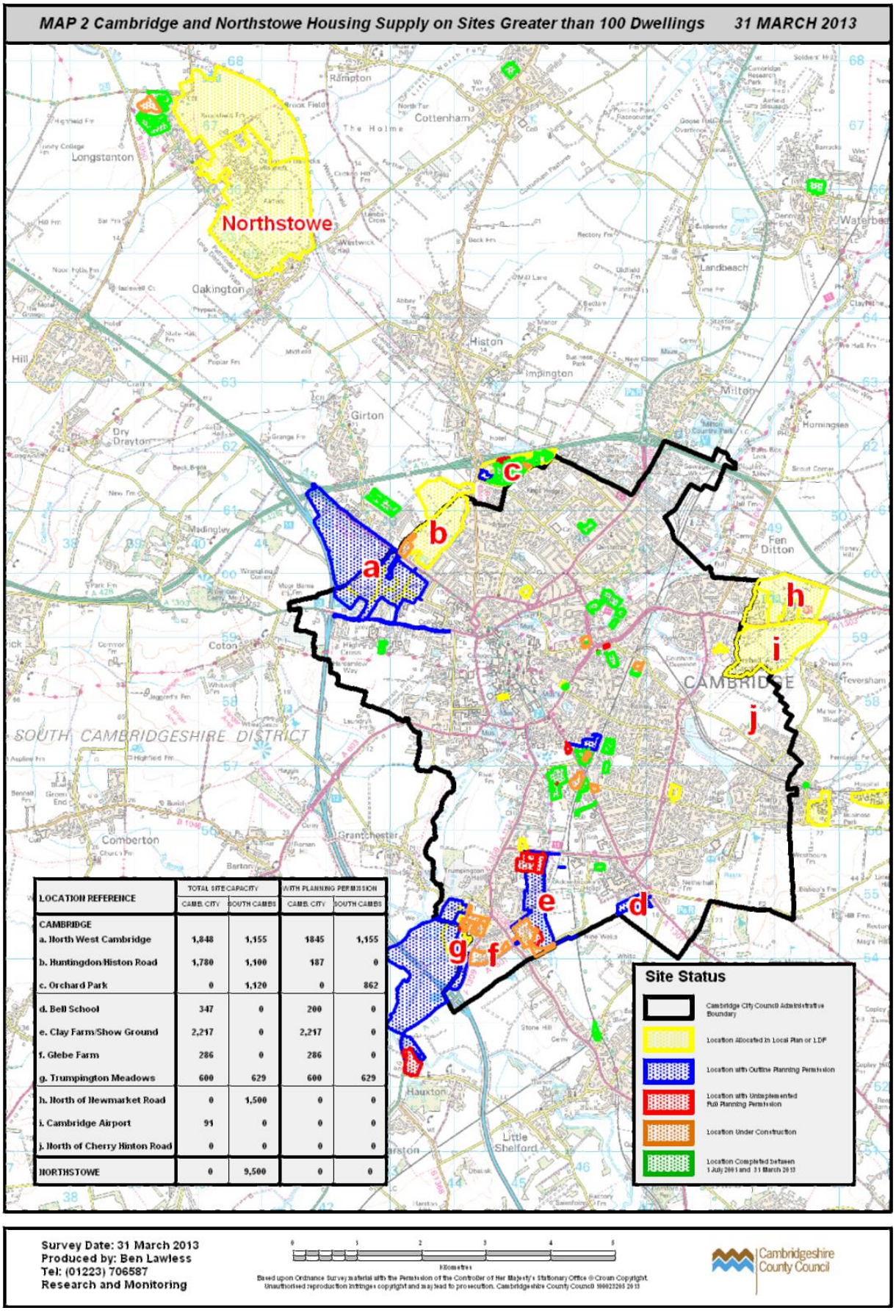
- Skill mix. A pharmacy's capacity to dispense larger volumes of prescriptions and/or deliver other services is greatly influenced by the number of pharmacists working in the pharmacy and, increasingly more importantly, the number of support staff. There have been significant developments in the roles that support staff can now fulfil to support the pharmacy operation. Medicines Counter Assistants, Dispensers, Pharmacy Technicians and Accredited Checking Technicians all now make a significant contribution to the delivery of pharmacy services and their availability to support a pharmacist should be considered by commissioners when considering how services can be commissioned from pharmacies.
- Considerations of health inequalities and strategic priorities for Cambridgeshire.

In conclusion, over the coming years, the population in Cambridgeshire is expected to both age and grow substantially in numbers. Several large-scale housing developments are in progress. The Cambridgeshire HWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmacies might be required.

Map 14. Cambrideshire housing supply, sites greater than 100 dwellings, 2013



Map 15. Cambridge and Northstowe housing supply, sites greater than 100 dwellings



LOCATION REFERENCE	TOTAL SITE CAPACITY		WITH PLANNING PERMISSION	
	CAMB. CITY	SOUTH CAMBS	CAMB. CITY	SOUTH CAMBS
CAMBRIDGE				
a. North West Cambridge	1,848	1,155	1845	1,155
b. Huntingdon/Histon Road	1,780	1,100	187	0
c. Orchard Park	0	1,120	0	862
d. Bell School	347	0	200	0
e. Clay Farm/Show Ground	2,217	0	2,217	0
f. Glebe Farm	286	0	286	0
g. Trumpington Meadows	600	629	600	629
h. North of Newmarket Road	0	1,500	0	0
i. Cambridge Airport	91	0	0	0
j. North of Cherry Hinton Road	0	0	0	0
NORTHSTOWE	0	9,500	0	0

Survey Date: 31 March 2013
Produced by: Ben Lawless
Tel: (01223) 706587
Research and Monitoring

Kilometres

Cambridgeshire County Council

Appendix 1: Legal requirements for PNAs

This section contains an extract from The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Please note that the HWB takes no responsibility for the accuracy of the extract. The full text of the Regulations is available at: http://www.legislation.gov.uk/uksi/2013/349/contents/made

1. These regulations may be cited as the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and come into force on 1st April 2013.

2. Interpretation *(long – see website)*

3. The pharmaceutical services the PNA must cover are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for:

a) *the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;*
b) *the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or*
c) *the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NSH services that may be provided under arrangements made by the NHSCB with a dispensing doctor)*

4. Information to be contained in PNA

(1) *Each PNA must contain the information set out in Schedule 1.*
(2) *Each HWB must, in so far as is practicable, keep up to date the map which it includes in its PNA pursuant to paragraph 7 of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement)*

5. Date by which the first HWB PNAs are to be published

Each HWB must publish its first PNA by 1st April 2015.

6. Subsequent assessments

(1) *After it has published its first PNA, each HWB must publish a statement of its revised assessment within 3 years of its previous publication.*
(2) *A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular changes to –*
    a) *the number of people in its area who require pharmaceutical services;*
    b) *the demography of its area; and*
    c) *the risks to the health or wellbeing of people in its area,*

    unless it is satisfied that making a revised assessment would be a disproportionate response.

(3) *Pending the publication of a statement or a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services (..) where –*
    a) *the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or(ii) of the 2006 Act; and*
    b) *the HWB –*

(i) *is satisfied that making its first or revised assessment would be a disproportionate response, or*

(ii) *is in the course of making its first or revised assessment and is satisfied that immediate notification of its PNA is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.*

7. Temporary extension of PCT PNAs and access by the NHSCB and HWBs to PNAs

Before the publication by an HWB of the first PNA that it prepares for its area, the PNA that relates to any locality within that area is the PNA that relates to that locality of the PCT for that locality immediately before the appointed day, read with

a) any supplementary statement published by the PCT (..)
b) any supplementary statement published by the HWB (..)

Each HWB must ensure that the NHSCB has access to –

a) the HWB's PNA (including any supplementary statements) (..)
b) any supplementary statement that the HWB publishes (..)
c) any PNA of a PCT that it holds, which is sufficient to enable the NHSCB to carry out its functions under these Regulations

Each HWB must ensure that, as necessary, other HWBs have access to any PNAs of any PCT that it holds, which is sufficient to enable the other HWBs to carry out their functions under these Regulations.

8. Consultation on PNAs

(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making—

(a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;

(d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;

(e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and

(f) any NHS trust or NHS foundation trust in its area;

(g) the NHSCB; and

(h) any neighbouring HWB.

(2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.

(3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—

(a) must consult that Committee before making its response to the consultation; and

(b) must have regard to any representations received from the Committee when making its response to the consultation.

(4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.

(5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.

(6) If a person consulted on a draft under paragraph (2)—

(a) is treated as served with the draft by virtue of paragraph (5); or

(b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

9. Matters for consideration when making assessments

(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to do so, to the following matters—

(a) the demography of its area;

(b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;

(c) any different needs of different localities within its area;

(d) the pharmaceutical services provided in the area of any neighbouring HWB which affect—

> *(i) the need for pharmaceutical services in its area, or*
>
> *(ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and*

(e) any other NHS services provided in or outside its area (which are not covered by subparagraph

(d)) which affect—

> *(i) the need for pharmaceutical services in its area, or*
>
> *(ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.*

(2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—

(a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and

(b) having regard to likely changes to—

(i) the number of people in its area who require pharmaceutical services,

(ii) the demography of its area, and

(iii) the risks to the health or wellbeing of people in its area.

SCHEDULE 1 Regulation 4(1)

Information to be contained in pharmaceutical needs assessments

Necessary services: current provision

1. *A statement of the pharmaceutical services that the HWB has identified as services that are provided—*

(a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and

(b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

Necessary services: gaps in provision

2. *A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—*

(a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;

(b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Other relevant services: current provision

3. *A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided—*

(a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

(b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

(c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

Improvements and better access: gaps in provision

4. *A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—*

(a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,

(b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Other NHS services

5. *A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect—*

(a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or

(b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

How the assessment was carried out

6. *An explanation of how the assessment has been carried out, and in particular—*

(a) how it has determined what are the localities in its area;

(b) how it has taken into account (where applicable)—

(i) the different needs of different localities in its area, and

(ii) the different needs of people in its area who share a protected characteristic; and

(c) a report on the consultation that it has undertaken.

Map of provision

7. *A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.*

Appendix 2: Characteristics of Localities

The localities used in the PNA have an average population of 7,200. The localities were selected to aid local decision making that takes into account the needs for the population in these areas.

Defining localities
In considering how to define localities within Cambridgeshire, the HWB considered using Electoral Wards, District Council Areas, and Super Output Areas.

Electoral wards
These are key building blocks of UK administrative geography. However, they are not used in the JSNA or PNA, have limited relevance to commissioning of pharmaceutical services, and are subject to change. The population size can vary from 100 to 30,000 residents.

District council areas
District council areas are well understood by many people and could enable comparison of routine data, but were deemed too large to be sensitive to the issues involved for the PNA.

Super Output Area (SOA)
This is a way of collecting and publishing small area statistics developed by the Office of National Statistics (ONS).[82] They are of a more consistent size than electoral wards, which facilitates an assessment of needs for the local populations. They are not subject to frequent boundary change, so may be more suitable for comparisons over time. In addition, they will build on the existing availability of data for census output areas. SOA data are increasingly used for health needs assessment, health planning and assessing health inequalities.

SOAs come in two levels. Lower Layer Super Output Areas (LSOAs) have a minimum population size of 1,000 people and the average size is 1,500 people. Additionally, LSOAs can be grouped into Middle Layer Super Output Areas (MSOA). The MSOAs population size is minimum 5,000 people and the average is 7,200 people. All MSOAs are contained within a local authority (LA) and do not cross LA boundaries.

MSOAs were selected as the localities used for the PNA. MSOAs were chosen by the Public Health Observatories for JSNAs because they are well established, durable, small enough to produce a range of results for almost every Local Authority (LA)/Unitary Authority (UA) and sufficiently large for many results to be reliable. MSOAs have an average population of 7,200 people, which generally produces sufficient numbers of cases to prevent disclosure of information about identifiable individuals. MSOAs have been used in the JSNA to determine health needs across Cambridgeshire. The JSNA is a continually updated resource and so using MSOAs for the localities means that data for these localities is always available.

[82] Office for National Statistics: Super Output Areas (SOAs). http://www.ons.gov.uk/ons/guide-method/geography/beginner-s-guide/census/super-output-areas--soas-/index.html (accessed 21 Nov 2013)

Sources of data for small areas

A good source for a wide range of socio-economic data for small areas is the Office for National Statistics' Neighbourhood Statistics website (contains information on eg age structure, housing, long-term illness and deprivation and other data from 2011 Census): http://www.neighbourhood.statistics.gov.uk

See http://www.cambridgeshireinsight.org.uk/health. Some key documents are:

- The local Public Health Outcomes Framework (PHOF)
- The Public Health England health profiles and a local briefing
- The CCG/LCG health profile
- Health profiles and data sources
  http://www.cambridgeshireinsight.org.uk/health/profilesdata
- Key demographic/health related data atlas at
  http://www.cambridgeshireinsight.org.uk/interactive-maps

The local Public Health England (PHE) Knowledge & Information Team (KIT) is erpho – see http://www.erpho.org.uk/ and the national PHE KIT page at http://www.apho.org.uk/.

Health profiles for the area can be found at:
http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

Some insight into the health needs of the local population can be gained from the Quality and Outcomes Framework data of the local GPs. Entering a postcode at http://www.qof.ic.nhs.uk/search.asp returns a list of GPs in the proximity of the postcode.

Comparing the prevalence of common conditions of the practices within the CCG or England average gives an indication of the health of the local population. A more convenient way of viewing individual practices are the practice profiles at http://www.apho.org.uk/pracprof/

Appendix 3: Methods used to identify providers

This section outlines the methods used for identifying providers of pharmaceutical services.

1. Identification of pharmaceutical service providers

Pharmacies within Cambridgeshire
A list of pharmacies as of 31/07/2013 including postcodes and other information was obtained from Serco, who maintain the registration database of pharmacies in Cambridgeshire and some surrounding counties (currently Peterborough, Suffolk, Norfolk and Great Yarmouth and Waveney).

A list of pharmacies that opened and/or closed since the last PNA was published (ie during the period from 01/11/2011 to 31/07/2013) was also obtained from Serco.

Pharmacies outside of Cambridgeshire
Pharmacies in surrounding counties were obtained from the Organisation Data Service (ODS). An alternative method for identifying out-of-area providers has also been described[83] but was not used for the current PNA as it was considered more resource intensive.

Dispensing doctors (GP) surgeries
Lists of dispensing practices were obtained from NHS England Area Teams.
The numbers of people registered with a dispensing practice were obtained from Serco.

Distance selling pharmacies
A list of distance selling pharmacies as of 31/07/2013 was obtained from the NHS England East Anglia Area Team.

Dispensing appliance contractors
Information about Dispensing Appliance Contractors (DAC) as of 31/07/2013 was obtained from Serco.

2. Creation of maps

Maps indicating locations of premises providing pharmaceutical services
Maps showing the locations of premises providing pharmaceutical services were created in MapInfo using the list of pharmacies obtained from Serco and lists of dispensing GP surgeries obtained from NHS England Area Teams.

Maps indicating travel distance
Maps showing access to pharmaceutical services by travel distance were created using Rootfinder version 3.7.3. Use of AddressBase Premium enabled identification of properties that are classified as residential.

[83] NHS Primary Care Commissioning. 'Identifying out-of-area providers of pharmaceutical services' August 2010. Available at: http://www.pcc-cic.org.uk/sites/default/files/articles/attachments/identifying_out_of_area_providers_of_pharmaceutical_services.pdf

Appendix 4: List of pharmacies

Below is a list of the pharmacies in Cambridgeshire as of July 2013. Source: SERCO.

ID	Pharmacy
29	Acorn Pharmacy, Oaktree Drive, Huntingdon
57	Asda Pharmacy, Beehive Centre, Cambridge
102	Asda Pharmacy, North End, Wisbech
58	Bassingbourn Pharmacy, Royston
30	Boots, (Boots UK Ltd) (Boots, (Boots UK Ltd) UK Ltd), High Street, St Neots, Huntingdon
7	Boots, (Boots UK Ltd), Market Street, Ely
59	Boots, (Boots UK Ltd), Cambridge Retail Park, Cambridge
63	Boots, (Boots UK Ltd), Grafton Centre, Cambridge
32	Boots, (Boots UK Ltd), High Street, Huntingdon
8	Boots, (Boots UK Ltd), Broad Street, March
31	Boots, (Boots UK Ltd), Sheep Market, St Ives, Huntingdon
64	Boots, (Boots UK Ltd), Petty Cury, Sidney St, Cambridge
9	Boots, (Boots UK Ltd), Horsefair, Wisbech
1	Boots, (Boots UK Ltd), Syers Lane, Whittlesey
2	Boots, (Boots UK Ltd), Norfolk Street, Wisbech
3	Boots, (Boots UK Ltd), Old Market, Wisbech
4	Boots, (Boots UK Ltd), De Havilland Road, Wisbech
5	Boots, (Boots UK Ltd), Kirkgate Street, Walsoken, Wisbech
60	Boots, (Boots UK Ltd), High Street, Cherry Hinton, Cambridge
61	Boots, (Boots UK Ltd), High Street, Sawston, Cambridge
62	Boots, (Boots UK Ltd), Woollards Lane, Gt Shelford, Cambridge
6	Boots, (Boots UK Ltd), Marylebone Road, March
10	Boots, (Boots UK Ltd), High Causeway, Whittlesey
33	Boots, (Boots UK Ltd), Sawtry, Huntingdon
65	Boots, (Boots UK Ltd), Cherry Hinton Road, Cambridge
66	Boots, (Boots UK Ltd), Chesterton Road, Cambridge
103	Bottisham Pharmacy, High Street, Bottisham
34	Brampton Chemist, High Street, Brampton
35	Buckden Pharmacy, Hunts End, Buckden
67	Ditton Pharmacy, Ditton Lane, Cambridge
11	Fairbrother Pharmacy, Church Terrace, Wisbech
36	Fenstanton Pharmacy, High Street, Fenstanton
104	Fittleworth Medical, Histon
75	Fitzwilliam Pharmacy, Trumpington Street, Cambridge
69	GFT Davies & Co, Hills Road, Cambridge
68	Gamlingay Pharmacy, Church Street, Gamlingay
70	JT Gregory, Trumpington, Cambridge
12	Haddenham Pharmacy, Station Road, Haddenham
105	Halls the Chemist, Stilton
37	JW Anderson Dispensing Chemist, Somersham, Huntingdon
38	John G Clifford Chemist, Causeway, Godmanchester
71	Kays Chemist, Wulfstan Way, Cambridge
72	Kumar Chemist, High Street, Cherry Hinton
39	Landsdowne Pharmacy, Yaxley

ID	Pharmacy
40	Little Paxton Pharmacy, St Neots
14	Lloyds Pharmacy, High Street, Soham, Ely
73	Lloyds Pharmacy, Alexwood Rd, Cambridge
13	Lloyds Pharmacy, High Street, Chatteris
18	Lloyds Pharmacy, High Street, Burwell, Cambridge
76	Lloyds Pharmacy, High Street, Cambourne
41	Lloyds Pharmacy, Great Whyte, Ramsey, Huntingdon
47	Lloyds Pharmacy, Market Hill, St Ives, Huntingdon
42	Lloyds Pharmacy, Ermine St, Huntingdon
43	Lloyds Pharmacy, Kings Hedges, St Ives, Huntingdon
15	Lloyds Pharmacy, Princess of Wales, Ely
16	Lloyds Pharmacy, Elwyn Roadd, March
44	Lloyds Pharmacy, Huntingdon Street, St Neots
74	Lloyds Pharmacy, Nuffield Centre, Cambridge
45	Lloyds Pharmacy, Gt North Road, St Neots
17	Lloyds Pharmacy, Main Street, Littleport
19	Lloyds Pharmacy, High Street, Ely
20	Lloyds Pharmacy, Swan Drive, Chatteris
46	Lloyds Pharmacy, Stockingfen Road, Ramsey
21	Lloyds Pharmacy, Brewhouse Lane, Soham, Ely
77	Milton Road Pharmacy, Cambridge
78	NK Jank Chemist, Newnham Road, Cambridge
23	North Brink Pharmacy, Wisbech
86	Numark Pharmacy, Perne Road, Cambridge
107	Over Healthcare Pharmacy, Drings Close, Cambridge
50	Papworth Healthcare, Chequers Lane, Papworth Everard
24	Parson Drove Pharmacy, Wisbech
87	Petersfield Pharmacy, Mill Road, Cambridge
108	Priory Fields Pharmacy, Huntingdon
51	Rowlands Pharmacy, Lansdowne Road, Yaxley
88	Rowlands Pharmacy, Histon, Cambridge
109	Sainsbury's Pharmacy, Ely
110	Sainsbury's Pharmacy, Brooks Road, Cambridge
52	Sainsburys Pharmacy, Nursery Road, Huntingdon
89	Sawston Pharmacy, London Road, Sawston, Cambridge
111	St George's Pharmacy, Littleport
112	St Mary's Pharmacy, Ely
90	Superdrug Pharmacy, Sidney Street, Cambridge
91	Superdrug Pharmacy, Fitzroy Street, Cambridge
25	Sutton Pharmacy, High Street, Sutton
27	Tesco In-store Pharmacy, Sandown Road, Wisbech
53	Tesco In-store Pharmacy, Abbots Ripton Road, Huntingdon
54	Tesco In-store Pharmacy, Eynesbury, St Neots, Huntingdon
93	Tesco In-store Pharmacy, Bar Hill, Cambridge
26	Tesco In-store Pharmacy, March
28	Tesco In-store Pharmacy, Angel Drove, Ely
94	Tesco In-store Pharmacy, Cambridge Road, Milton, Cambridge
92	Tesco In-store Pharmacy, Yarrow Road, Fulbourn

ID	Pharmacy
85	The Co-operative Pharmacy, Barnwell Road, Cambridge
79	The Co-operative Pharmacy, Station Road, Impington, Cambridge
83	The Co-operative Pharmacy, High Street, Cottenham
48	The Co-operative Pharmacy, Constable Road, St Ives, Huntingdon
22	The Co-operative Pharmacy, Augustine's Road, Wisbech
49	The Co-operative Pharmacy, Huntingdon Street, St Neots
80	The Co-operative Pharmacy, High Street, Melbourn, Royston
84	The Co-operative Pharmacy, York Street, Cambridge
81	The Co-operative Pharmacy, Unity House, Mill Rd, Cambridge
82	The Co-operative Pharmacy, Station Road, Histon, Cambridge
56	The Old Swan Pharmacy, Kimbolton, Huntingdon
95	The Village Pharmacy, Fulbourn, Cambridge
96	Village Pharmacy, Linton, Cambridge
55	Wards of Warboys Chemist, Ramsey Road, Warboys
97	Waterbeach Pharmacy, Cambridge
99	Whittlesey Pharmacy, Whittlesey
98	Willingham Health Care, Cambridge

Appendix 5: List of Dispensing Practices

Below is a list of dispensing practices in Cambridgeshire as of July 2013. Source: NHS England East Anglia Area Team.

ID	Practice Name
38	Alconbury and Brampton Surgeries
12	Bottisham Medical Practice
5	Bourn Surgery
30	Buckden Surgery
40	Church Street Medical Centre
21	Clarkson Surgery
6	Comberton and Eversden Surgery
35	Cromwell Place Surgery
24	Doddington Medical Centre
27	George Clare Surgery
1	Girton Branch Surgery (Huntingdon Road Surgery)
29	Great Staughton Surgery
17	Haddenham Surgery
4	Harston Surgery
25	Jenner Health Centre
28	Kimbolton Medical Centre
2	Linton Health Centre
23	Manea Surgery
10	Milton Surgery
37	Northcote House Surgery
11	Orchard Surgery, Melbourn
33	Orchard Surgery, St Ives
43	Papworth Surgery
41	Parkhall Surgery
22	Parson Drove Surgery
16	Priors Field Surgery
32	Rainbow Surgery
31	Ramsey Health Centre
3	Sawston Medical Practice
15	St Georges Medical Centre
18	St Mary's Surgery
7	Swavesey Surgery
14	The Burwell Surgery
39	The Moat House Surgery
26	The New Queen Street Surgery
20	The North Brink Practice
36	The Old Telephone Exchange
9	The Over Surgery
34	The Spinney Partnership
19	The Staploe Medical Centre
13	Waterbeach Surgery
42	Wellside Surgery
8	Willingham Medical Practice

Appendix 6: Results of pre-consultation questionnaires

Results of the Community Pharmacy questionnaire

A questionnaire was sent to all 109 Community Pharmacies in Cambridgeshire.
There were 97 returned questionnaires (89.0%). In the table below 'Blank' denotes the number (percentage) who returned the questionnaire but did not respond to the specific question.

	Question	Response
Consultation Facilities	Are consultation facilities on site and do they include wheelchair access?	Out of 97 returned questionnaires: 78 (80.4%) Have consult. areas w/ wheelchair access 13 (13.4%) Have consult. areas w/o wheelchair access 1 (1.0%) Has planned within next 12 months 3 (3.1%) Have no consultation areas 2 (2.1%) Blank
	Where there is a consultation area, is it a closed room?	86 (88.7%) Have the consult. area in a closed room 11 (11.3%) Blank
	Have access to off-site consultation area?	Out of 97 returned questionnaires: 4 (4.1%) have access to off-site consultation area
	Willing to undertake consultations in patients home, or other suitable site?	39 (40.2%) willing to undertake consult. in patient's home / other suitable site
	During consultations are there hand washing facilities?	Out of 97 returned questionnaires: 55 (56.7%) Hand-washing facilities in cons. area 30 (30.9%) Hand-washing facilities near cons. area 9 (9.3%) No hand-washing facilities 3 (3.1%) Blank
	Patents attending for consultations have access to toilet facilities	52 (53.6%) have toilet facilities available for patients.
IT Facilities	Electronic Prescription Service: Release 1 enabled, or Release 2 enabled, or Intending to become Release 1 enabled within the next 12 months, or Intending to become Release 2 enabled within the next 12 months, or No plans for EPS at present	Out of 97 returned questionnaires: 49 (50.5%) are Release 1 enabled 50 (51.6%) are Release 2 enabled 2 (2.1%) Intend to become Release 1 enable 22 (22.7%) Intend to become Release 2 enabled 85 (87.6%) either Release 1 or Release 2 enabled 93 (95.6%) either Release 1 or Release 2 enabled, or intend to become Release 1 or Release 2 enabled
	Facilities for opening documents	Out of 97 returned questionnaires: Word 84 (86.6%) Access 28(28.9%) Excel 79 (81.4%) PDF 92(94.9%)

	Question	Response
Services	Essential Does the pharmacy dispense appliances?	Out of 97 returned questionnaires: 85 (87.6%) Yes, all types 3 (3.1%) Yes, excluding stoma appliances 0 (0%) Yes, excluding incontinence appliances 1 (1.0%) Yes, excluding stoma and incontinence 3 (3.1%) Yes, just dressings 1 (1.0%) Other 1 (1.0%) None 3 (3.1%) Blank
	Advanced Medicines Use Review	91 (93.8%) Yes 3 (3.1%) Intending to begin within 12 months 2 (2.1%) Not intending to provide 1 (1.0%) Blank
	Appliance Use Review	10 (10.3%) Yes 11 (11.3%) Intend to begin within 12 months 57 (58.8%) Not intending to provide 19 (19.6%) Blank
	Stoma Appliance Customisation	18 (18.6%) Yes 6 (6.2%) Intend to begin within 12 months 55 (56.7%) Not intending to provide 18 (18.6%) Blank
Non NHS Funded Services	Collection of prescription from surgeries.	Out of 97 returned questionnaires: 87 (89.7%) collect prescriptions from surgeries.
	Delivery of dispensed medicines – free of charge on request.	62 (63.9%) deliver dispensed medicines free of charge on request.
	Delivery of dispensed medicines – selected patient groups.	25 (25.8%) deliver to selected patient groups. Selected patient groups reported include elderly, disabled, or housebound and other patients specifically requesting the service.
	Delivery of dispensed medicines – selected areas.	20 (20.6%) deliver to selected areas. Areas covered ranged from immediate area near pharmacies to the whole county.
	Delivery of dispensed medicines – chargeable.	4 (4.1%) deliver medicines – chargeable.
	Delivery of dispensed medicines – any of the above: free, selected groups, selected areas, or chargeable	78 (80.4%) deliver either free of charge, to selected groups, in selected areas or chargeable.
	Does your pharmacy supply medicines etc to care homes?	25 (25.8%) Yes 62 (63.9%) No 10 (10.3%) Blank

	Question	Response
Other	Top features from Dispensing Doctors and Community Pharmacies identified as being important:	72 pharmacies gave a response and ticked up to 5 of the following features: 1) Availability of information and advice (N=69) 2) Qualified staff (N=50) 3) Availability of consultation facilities (N=48) 4) Availability of prescription only items (N=39) 5) Car parking (N=34) 6) Availability of non-prescription medicines (N=32) 7) Detailed description of services offered (N=24) 8) Access and facilities for disabled people (N=22) 9) Extended opening hours (N=20) 10) Location (N=20) 11) Patient satisfaction scores (N=14) 12) Languages spoken (N=12) 13) Contact details (N=5) 14) Details of any services that are only available at certain times (N=5) 15) Transport (N=2)

	Question	Response
	Is the current provision of Dispensing Doctors and Community Pharmacies: Excellent Good Adequate Poor	Out of 97 returned questionnaires: Excellent 42 (43.3%) Good 36 (37.1%) Adequate 4 (4.1%) Poor 0 (0%) Blank 15 (15.5%) Out of 82 who gave a response: Excellent 42 (51.2%) Good 36 (43.9%) Adequate 4 (4.9%) Poor 0 (0%)
	Do you feel there is a need for more pharmaceutical service providers in your locality?	Out of 97 returned questionnaires: 10 (10.3%) Yes 72 (74.2%) No 15 (15.5%) Blank Out of 82 who gave a response: 10 (12.2%) Yes 72 (87.8%) No

Results of the Dispensing Practice Questionnaire

A questionnaire was sent to all 43 Dispensing Practices in Cambridgeshire. There were 38 returned questionnaires (88.4%). In the table below 'Blank' denotes the number (percentage) who returned the questionnaire but did not respond to the specific question.

	Question	Response
Consultation Facilities	Are consultation facilities on site and do they include wheelchair access? Where there is a consultation area, is it a closed room?	Out of 38 returned questionnaires: 33 (86.8%) Have wheelchair access 4 (10.5%) Have no consultation area 1 (2.6%) Blank 32 (84.2%) have a closed room on site for consultation 6 (15.8%) Blank
IT Facilities	Electronic Prescription Service	Out of 38 returned questionnaires: 7 (18.4%) are Release 1 enabled 3 (7.9%) are Release 2 enabled 1 (2.6%) Intend to become Release 1 enabled 2 (5.3%) Intend to become Release 2 enabled 25 (65.8%) No plans for EPS at present
Services	Essential Does the pharmacy dispense appliances?	Out of 38 returned questionnaires: 23 (60.5%) Yes, all types 1 (2.6%) Yes, excluding stoma appliances 2 (5.3%) Yes, excluding incontinence appliances 2 (5.3%) Yes, excluding stoma and incontinence 4 (10.5%) Yes, just dressings 1 (2.6%) Other 4 (10.5%) None 1 (2.6%) Blank
	Appliance Use Review	Out of 38 returned questionnaires: 0 (0%) Yes 2 (5.3%) Intend to begin within 12 months 31 (81.6%) Not intending to provide 5 (13.2%) Blank
	Stoma Appliance Customisation	Out of 38 returned questionnaires: 2 (5.3%) Yes 0 (0%) Intend to begin within 12 months 31 (81.6%) Not intending to provide 5 (13.2%) Blank
	Delivery of dispensed medicines free NHS charges on request	Out of 38 returned questionnaires: 13 (34.2%) Yes 8 (21.1%) No 1 (2.6%) (Only when doctor is due visit to housebound patient)

Delivery of dispensed medicines selected patient groups	Out of 38 returned questionnaires: 11 (28.9%) Yes 7 (18.4%) No 20 (52.6%) Blank Delivery to patients unable to visit the surgery, collection points, and in specified areas
Delivery of dispensed medicines selected areas	Out of 38 returned questionnaires: 10 (26.3%) Yes 8 (21.1%) No 20 (52.6%) Blank Delivery to patients in specific areas or collection points
Delivery of dispensed medicines chargeable	Out of 38 returned questionnaires: 3 (7.9%) Yes 13 (34.2%) No 22 (57.9%) Blank
Delivery of dispensed medicines – any of the above: free, selected groups, selected areas, or chargeable	Out of 38 returned questionnaires: 23 (60.5%) deliver either free of charge, to selected groups, in selected areas or chargeable.
Supply of medicines to care homes	Out of 38 returned questionnaires: 7 (18.4%) Yes 28 (73.7%) No 3 (7.9%) Blank
Current provision of pharmaceutical providers	Out of 38 returned questionnaires: Excellent 24 responders (63.2%) Good 7 responders (18.4%) Adequate 3 responders (7.9%) Poor 0 responders (0%) Blank 4 responders (10.5%) Out of 34 responders: Excellent 24 responders (70.6%) Good 7 responders (20.6%) Adequate 3 responders (8.8%) Poor 0 responders (0%)

	Are there any other services provided from your dispensary that you would like to be considered in the PNA?	Examples of responses: 1. Dosset boxes, eg for care in community and patients with memory difficulties 2. As GP surgery: supply emergency contraception, smoking cessation, life-style advice, minor illness service, and health checks 3. Enhanced Medicines Management support to care homes 4. MURs, NMS, OTC, Non Dispensing Doctor Prescriptions 5. Returns of unwanted/unused medication from patients 6. Contraceptive services 7. DRUMS – Dispensary Review of Use of Medicines

	Question	**Response**
	Top five features identified as being important	36 Dispensing Doctors surgeries gave a response and ticked 2 or more of the following features: 1) Availability of information and advice (N=32) 2) Qualified staff (N=29) 3) Access and facilities for disabled people (N=26) 4) Car parking (N=20) 5) Location (N=18) 6) Availability of prescription only items (N=16) 7) Patient satisfaction scores (N=15) 8) Availability of consultation facilities (N=11) 9) Detailed description of services offered (N=10) 10) Contact details (N=8) 11) Extended opening hours (N=8) 12) Transport (N=5) 13) Details of any services that are only available at certain times (N=4) 14) Availability of non-prescription medicines (N=4) 15) Languages spoken (N=3)
	Do you feel there is a need for more pharmaceutical service providers in your locality?	Out of 38 returned questionnaires: 1 (2.6%) Yes 33 (86.8%) No 4 (10.5%) Blank Out of 34 responses: 1 (2.9%) Yes 33 (97.1%) No

Appendix 7: Consultation report

CAMBRIDGESHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2014:

RESULTS FROM THE PUBLIC CONSULTATION 14 DECEMBER 2013 – 21 FEBRUARY 2014

Contents

Background

One of the tasks for the Cambridgeshire Health and Wellbeing Board (HWB) is to examine whether Cambridgeshire has enough providers of pharmaceutical services to support its population.

Pharmaceutical services are varied and include, amongst others:

- Filling prescriptions,
- Selling medicine that don't need to be prescribed by a doctor,
- Giving advice about medicines,
- Advice on healthy lifestyles eg stopping smoking, and
- Supplying appliances.

The Board has consulted with GPs, community pharmacies, patients and relevant organisations around what local people now need from pharmaceutical services, and what might be needed in the future. This has been used to support the development of a draft Pharmaceutical Needs Assessment (PNA) based on what we have learnt so far. This report will be used by NHS England when making decisions on applications to open new pharmacies.

Introduction

Following the development of the draft PNA a formal public consultation was held, getting to know people's thoughts about the report and whether it covers what is important to their needs. The aim is to find out more about how easy it is to:

- Access the pharmaceutical services needed;
- Use medicines or medical equipment safely;
- Access the services you need or want from pharmacies.

The consultation ran from the 16 December to the 21 February 2014, and received 238 responses. This report outlines the responses to the consultation. It should be noted that for this report many of the questions were optional. As a result percentages will be worked out from the number of respondents to questions rather than from the number of respondents overall. All percentages, unless otherwise specified, are rounded to the nearest whole number.

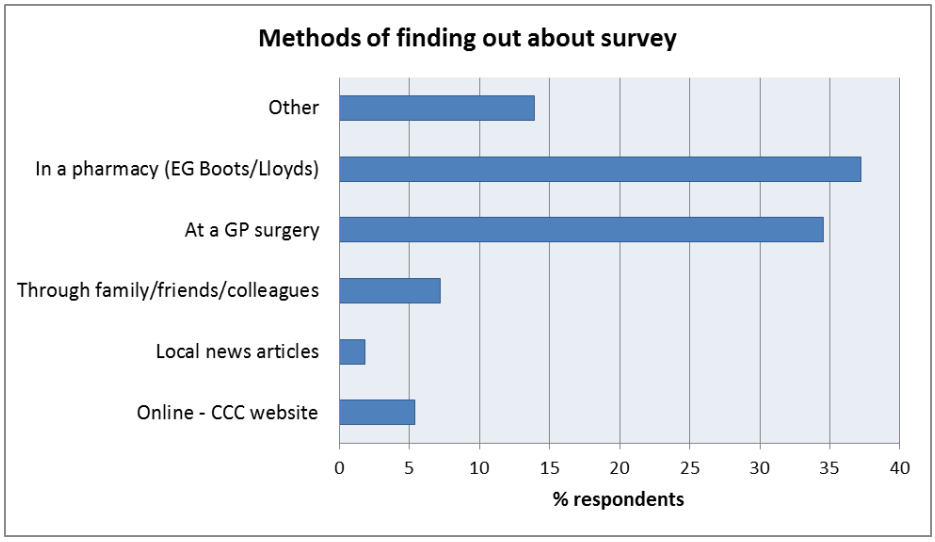
It should also be noted that alongside this we received a number of communications specifically relating to Trumpington – e-mails and letters. These have been summarised in the additional feedback section (paragraph 2).

Section 1: Respondents

This section summarises the characteristics of the respondents to the consultation of the draft PNA.

In total, 238 people responded to the consultation survey, of whom 83 responded online. 194 of these respondents left an accurate postcode – their locations have been mapped out in **Appendix 1.** The ways in which respondents stated they found out about the survey is shown below in **Figure 1**. Most respondents indicated they had become aware of the survey via their GP or pharmacy (35% and 37% respectively).

Figure 1: Question: "*How did you find out about this survey?*" 223 respondents.



'Other' included via e-mail, community magazines and residents' associations.

The 238 responses to this consultation on the draft PNA is comparable to or higher than other surveys carried out using the same on-line methodology, as shown by the examples below. The exception is the JSNA on the prevention of ill health among adults, which was heavily promoted at events. Health-related surveys are shown first followed by other survey topics:

- JSNA (2012) – Prevention of ill health and promotion of good health amongst adults 16-64: 820 responses, following a major promotion of the survey
- Health & Wellbeing Strategy 2012/13: 234 responses
- Carers JSNA consultation 2014: 85 responses
- South Area Residents Parking 2013: 152 responses
- Trading Standards Service 2010 consultation: 246 responses
- Transport Strategy for City & South Cambridgeshire 2012: 292 responses

Most (86%) were responding as a member of the public (see Table 1). Some (8%) indicated they were a health or social care professional, with the majority identifying themselves as a GP. A few responders (6% in total) indicated they were a pharmacist/appliance contractor, were responding on behalf of an organisation, or something else - one Councillor and one Board chair. Nearly all

respondents (98%) indicated they were providing their own response rather than that for someone else; of the remaining 2%, responses were on behalf of relatives, local groups, partnerships and parish councils.

Table 1: Respondent Type. 233 respondents.

Respondent type	Count of respondents
Member of the public	201
Health / Social Care Professional	18
Pharmacist / Appliance Contractor	6
Respondent on behalf of an organisation	6
Other	2

The majority of respondents were female (63%) (see Table 2). When asked about ethnicity, 89% identified themselves as White British. The ethnic background of respondents compared to the Census 2011 is shown in **Table 2**. There are some differences when considered against the Census, with some groups being slightly under represented in the survey and other being over represented, such as Gypsies and Travellers. Overall, although not perfect, the survey can be seen to be reasonably representative.

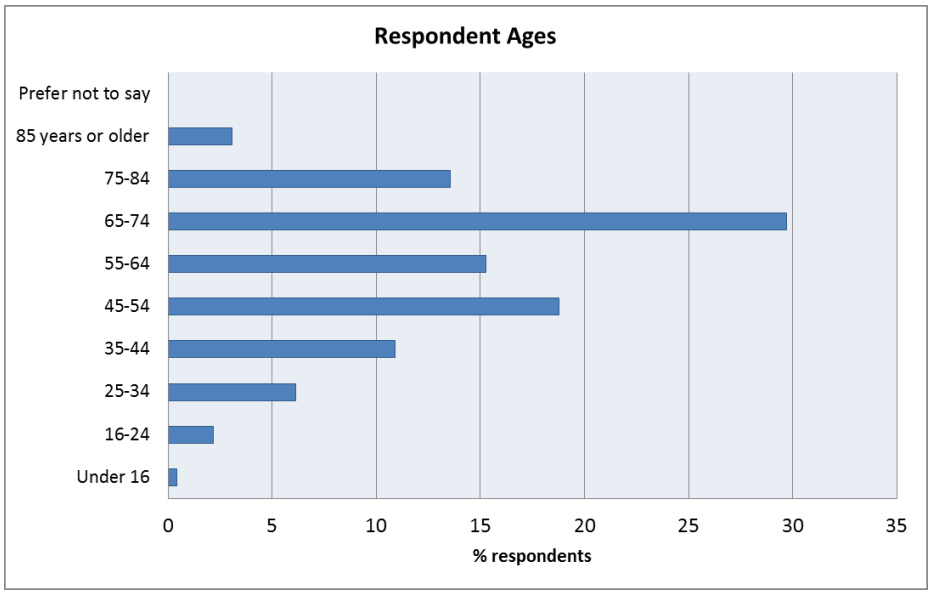
Table 2: Respondent Ethnicity. 227 respondents.

Ethnicity	% respondents	**% Census 2011**
White British	88.6	84.5
White: Other	4.4	7.1
White: Irish	1.8	0.8
Asian or Asian British: Indian	1.3	1.2
Prefer not to say	1.3	N/a
White: Gypsy and Traveller	0.9	0.2
Mixed Race: White and Asian	0.4	0.6
Asian or Asian British: Other	0.4	1.1
Black or Black British: African	0.4	0.6
Total	100	96

Only ethnic backgrounds with at least one response are shown.

Figure 2 illustrates the percentage of responses by age group. The age group from 65 to 74 years had the highest percentage of respondents (30%). Other than the 45 to 54 age group, the response by age is in line with the response profile that can be expected for public surveys of pharmaceutical services. The groups most likely to use pharmacies regularly and to respond to surveys such as this are parents with young children (25 to 44 age groups) and older people living in the community (65 to 74 age group).

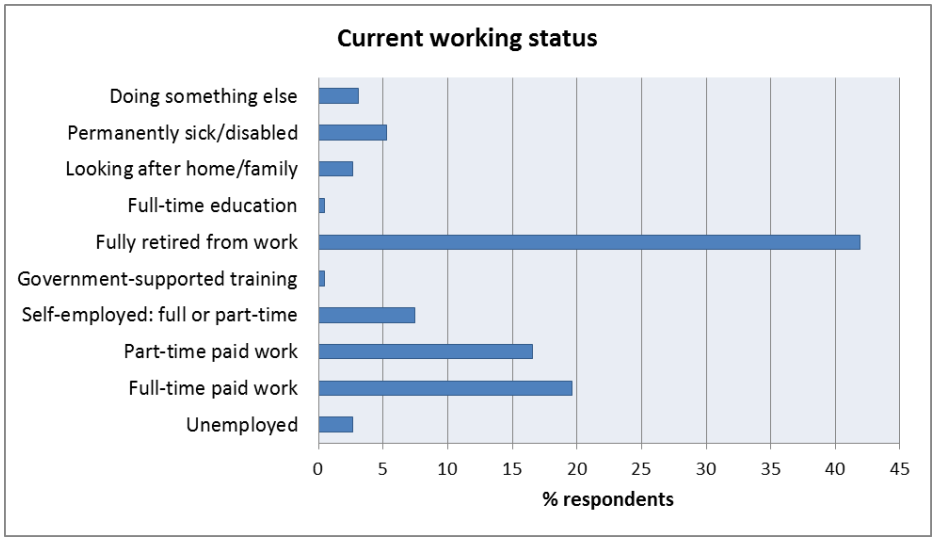
Figure 2: Respondent age group. 229 respondents.



Most respondents (87%) did not care for someone with long-standing health problems or a disability. A few respondents (6%) indicated they did provide care for over 50 hours a week. Some respondents (16%) stated that they were a parent or legal guardian for children aged under 16 currently living in their household.

Figure 3 summarises responses regarding current working status. The most common response (42%) was from people indicating they had fully retired from work.

Figure 3: Question "Which of these options best describes what you are doing at present?" 229 respondents.



Respondents were also asked about their general health. Overall, a majority of respondents (62%) indicated they did not have their day-to-day activities limited because of a health problem / disability over the past 12 months; some respondents (17%) indicated their activities were limited a lot, and some respondents (21%) indicated that their activities were limited a little.

Responses to specific questions around illnesses or health problems are summarised in **Table 3**. In response to questions about conditions that require regular visits to the doctor, a fair number of respondents (40%) indicated that they did not or preferred not to say. Among the remaining respondents, high blood pressure was the most common illness (26%).

Table 3: Question "*Do you have an illness or health problem that requires regular visits to the doctor*?" Count, multiple responses question. 224 respondents.

Illness/condition	Number of respondents	% respondents
High blood pressure	58	26%
Kidney disease	4	2%
Asthma or respiratory problems	30	13%
Heart problems	19	9%
Diabetes	26	12%
Recovery from stroke	4	2%
Other long-term condition	52	23%
No, I do not have a long-standing condition	78	35%
Prefer not to say	12	5%

Numbers are used alongside percentage since respondents were welcome to tick more than one option.

Section 2: Service experience

This section summarises responses to the questions that were targeted only to those who indicated they were responding as members of the public. The aim of these questions was to gain information on how members of the public use the pharmaceutical services available, and their experiences with using these services.

Most respondents (78%) indicated that they regularly use a Community Pharmacy. Almost four out of ten respondents (39%) indicated they made regular use of a dispensary at a GP pharmacy. When asked how often they used community pharmacies or dispensaries in Cambridgeshire, a high proportion stated they used them more than 12 times a year (49%). 40% indicated their used as being between 3 to 12 times a year, 7% less than three times, and 4% stated they never used pharmacies or dispensaries.

Respondents were also asked how often they used specific services provided by pharmacies / dispensaries and the responses to this question is summarised in **Table 4**. The services most commonly used included dispensing of prescriptions, buying non-prescription medicines, and getting a repeat prescription.

Table 4: Question: "*How often do you use each of the following services?" Responses by percentage*

Service	Never (%)	Less than three times a year (%)	3 to 12 times a year (%)	More than 12 times a year (%)
Dispensing of prescriptions (218)	3	13	45	40
Buying non-prescription medicines (220)	9	30	50	11
Getting a repeat prescription (221)	11	10	42	38
Disposing of old/unwanted medicines (211)	34	52	10	4
Seeking advice from your provider (Eg healthy lifestyle, medicines, advice etc) (213)	34	39	24	3
Using a dispensing Appliance Contractor (201)	91	4	2	3
Other services (80)	46	26	25	3

Numbers at the end of each service indicate the number responding to each question

Section 3: PNA Feedback

This section was targeted at all respondents. The questions specifically focused on the draft PNA document and asked people to ensure that the key messages and the draft PNA were reviewed and considered when responding. Responses were for the most part positive.

PNA Perceptions

1. *Do you feel that the purpose of the pharmaceutical needs assessment (PNA) has been explained sufficiently?*

224 respondents answered this question. 203 of 224 respondents (91%) felt that the purpose of the PNA was explained sufficiently. Out of 21 respondents who did not feel the purpose of the PNA was explained sufficiently, free text comments were provided by 14 respondents. The comments fell into the following categories:

- Responders who were unsure what the PNA was (5 responders)
- Responders who found the PNA difficult to read (3 responders)
- Responders who found the PNA lengthy to read (1 responder)
- A mix of other comments (5 responders)

One stated that "*the language used is full of jargon, too wordy and difficult for the layman to follow*".

2. *Do you agree with the key findings about pharmaceutical services in Cambridgeshire?*

220 respondents answered this question. 198 of 220 respondents (90%) agreed with the key findings about pharmaceutical services in Cambridgeshire as outlined in the PNA. Out of 22 respondents that did not agree, free text comments were provided by 16 respondents. These comments fell into three broad categories:

- Comments on access to services (3 comments on opening times, 2 on repeat prescriptions, and 1 on need for home delivery)
- 6 responders did not know what the findings of the PNA were
- A mix of other comments around pharmacy services (4 responders).

Feedback suggested people were not comfortable answering this question for the entirety of Cambridgeshire. The regulation of having repeat prescriptions limited to 28 days was questioned – this was an issue also brought up at later points in the survey. It was generally felt that this short length of time for people with long term conditions, such as diabetes, was not appropriate.

3. *Do you feel the draft PNA adequately describes current pharmaceutical services in Cambridgeshire?*

220 respondents answered this question. 205 of 220 respondents (93%) felt that the draft PNA did adequately describe current pharmaceutical services in Cambridgeshire. Out of 15 respondents that did not agree, free text comments were provided by 10 respondents. These comments fell into the following categories:

- 2 responders agreed with parts of the PNA but did not state which parts they did not agree with
- 2 responders did not know what the findings were
- 1 responder felt the PNA only looks at numbers rather than distribution or opening hours
- 1 responder felt that laymen and women would not be able to judge pharmaceutical services for Cambridgeshire as a whole
- 1 responder felt that the survey should have been carried out before the draft PNA and not afterwards
- Repeats of comments made elsewhere (3 responders)

4. *Do you know of any pharmaceutical services that are not described in the PNA?*

218 respondents answered this question. 90% of respondents stated that they did not know of any pharmaceutical services that were not described within the PNA. Out of 21 respondents that did not agree, free text comments were provided by 14 respondents and suggestions for one or more other services were provided by 13 respondents. These 13 respondents indicated that the following services had not been described in the PNA:

- Flu vaccinations (4 responders)
- Optician services at pharmacies (2 responders)
- Screening services, eg for blood pressure, cholesterol or glucose levels (2 responders)
- Mental health services (1 responder)
- Online repeat prescriptions (1 responder)
- INR Clinics (1 responder)
- Home deliveries of prescriptions (for example for the elderly)
- Hospital pharmacies (1 responder)
- MUR (1 responder)
- Minor ailment service (1 responder)
- NM5, C-Card (1 responder)
- Outreach into eg schools to prevent young people from thinking that simple medications can only come from doctors (1 responder)

5. *Do you feel that the needs for pharmacy services for the population in Cambridgeshire have been adequately identified?*

219 respondents answered this question. 193 of 219 respondents (88%) felt that the needs for pharmacy services for the population of Cambridgeshire had been adequately identified. Out of 26 respondents that did not agree, free text comments were provided by 19 respondents. These comments fell into the following categories:

- Concern about the capacity to manage future population increases such as around Love's Farm (St Neots) and Newmarket Road (Cambridge) (5 respondents)
- Comments regarding access to pharmaceutical services (8 responses)
- GPs being allowed to dispense regardless of proximity to a pharmacy was commented on as being frustrating (one of the above responses)
- Issues around communication between GPs and chemists when drugs are unavailable (1 respondent)
- Responders indicating that they did not have sufficient knowledge to comment (4 respondents)

One other comment to repeat a statement given by the same responder elsewhere in the survey.

6. *Do you agree that pharmacy services are available at convenient locations and opening times?*

225 respondents answered this question. 201 out of 225 respondents (89%) agreed that pharmacy services are currently available at convenient locations and opening times. Out of 24 respondents that did not agree, free text comments were provided by 18. These respondents fell into the following categories:

- Opening hours (14 responders in total) – including comments on extended opening hours on weekdays (6 responders), weekend openings (5 responders) and closings at lunch time (4 respondents)
- Accessibility for people who use wheelchairs or those who have mobility issues (1 respondent)
- Rural areas (2 respondents) and
- Positive note for a local area (1 respondent)

7. *Do you agree that we do not currently need more pharmacies in Cambridgeshire?*

218 respondents answered this question.

179 out of 218 respondents (82%) agreed that currently we do not need more pharmacies in Cambridgeshire. Out of the 39 responders that did not agree, free text comments were provided by 31. Their responses fell into the following broad categories:

- Do not know if need more pharmacies (8 respondents)
- No need in own area but cannot speak for other areas (6 respondents)
- Extended opening hours or lunch hours (2 respondents)
- Comments relating to market competition (not enough competition, market drives locations (2 respondents)
- Need more pharmacies in general including in Cambridge City, Fenland, and Huntingdon (5 respondents)
- Need more pharmacies in new developments (8 respondents)

It was noted that it was important for the Commissioning Group to be involved in the planning stages of new housing to decide on changes early on. Concerns about the sustainability of services were raised: "*Expanding villages leads to draining our current services. We need more or, extend the opening hours of the existing ones*".

PNA: Additional Feedback

Following on from these questions, respondents were invited to add any further comments or feedback on the Pharmaceutical Needs Assessment, and 92 respondents took up this opportunity.,

There were some common themes under which comments fell, namely:

1. Population growth (17 respondents / 18.5%)

Respondents commented that new developments and population increases needed to be taken into account when considering existing pharmacy provision. It was also noted that for many cases the introduction of new pharmacies would not always be the best option and that in some areas this could potentially detract from existing services.

2. Trumpington (16 respondents / 17.4%)

Residents of Trumpington and the surrounding area raised concerns about opening of new pharmacies and felt that the existing pharmacy in the area would have the capacity to cover new developments in conjunctions with existing chemists (eg Great Shelford). Further details are described in Appendix 3.

3. Innovation to use pharmaceutical services more effectively (8 respondents / 8.7%)

Pharmacies were felt to have a vital role to play in the provision of health services, including information and advice, to the general public; for example in more rural/isolated locations. Some highlighted pharmacies as being their first port of call for advice, ahead of their GP. Several respondents commended the advice given by pharmacies demonstrating their awareness of conditions and their medications (contra-indications, side-effects and the interactions of different drugs). Many agreed that the county has high quality services which meet the needs of the population. As one respondent stated, "*I am happy that all the population needs are covered by the variety of ways people can access their prescriptions in such a varied population and we have got it right in our community*".

Of the PNA itself, one respondent felt that mental health issues were not sufficiently covered within the report.

4. Other local issues (18 respondents / 19.6%)

Several respondents stated they did not feel they could respond constructively to the consultation as their views were focused on their personal experiences in their local area, and as such it was difficult to comment on the strategic picture for Cambridgeshire as a whole. A number of respondents gave positive feedback on their local pharmacy.

5. Opening hours (6 respondents / 6.5%)

There were few negative comments about the opening times and availability of pharmacies and dispensaries. For the most part, people felt services were open at convenient times and accommodated those working/in education full time and people with other time-limiting responsibilities. Some respondents indicated concern that this consultation meant a reduction in provision was probable. Inconsistencies with local out-of-hours provision were noted (these views also extended to GP services).

6. Coordination between GP surgeries and pharmacies (10 respondents / 10.9%)

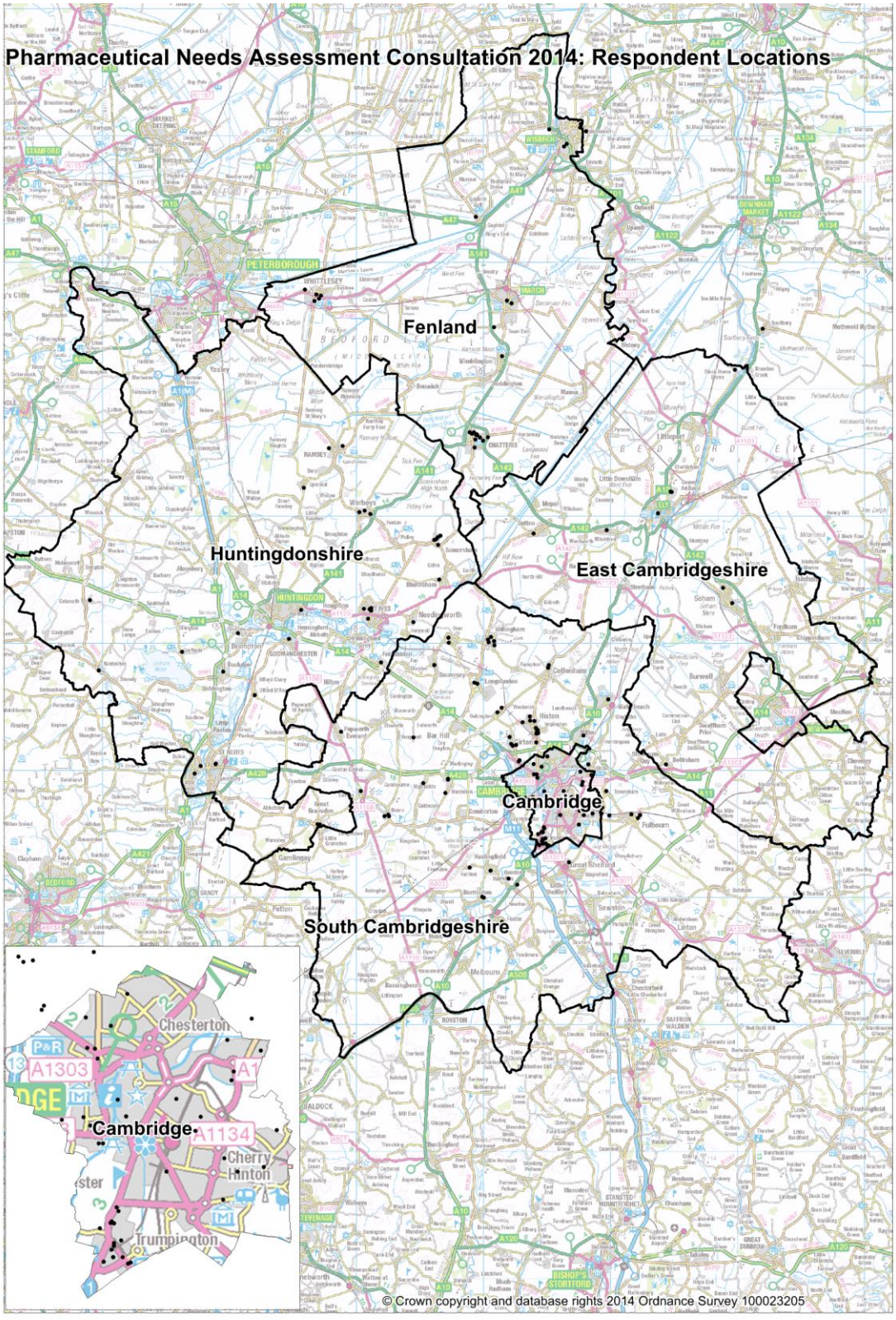
Some respondents noted communications between GPs and pharmacists as an area with potential for improvement, for example around repeat prescriptions. Some respondents reported prescriptions going missing and that considerable effort had to be made to collect items. Some respondents reported having difficulty stopping a prescription – one example given was of a patient returning 20 inhalers and 12 GTN sprays that were not required. One stated that "*Communication between surgeries and pharmacies are archaic and the time between making a request for a drug and the actual dispensing of the drug is getting longer. […] Pieces of paper transferring from surgeries to pharmacies is obsolete. It should be possible for a doctor to enter the request into the computer and instantaneously be transmitted to the pharmacy*".

7. Prescription collection – GP dispensaries (11 respondents / 12.0%)

Some respondents noted issues around the collection of prescriptions and medicines. One noted issues with having the time to both collect the prescription from the GP and then get to a pharmacy. It was commented that if a patient lives within one mile of a pharmacy a GP cannot dispense medicines to them – which can cause difficulties for patients with reduced mobility issues. – "*If I am in pain, I want my dispensing GP to be able to dispense to me. I do not want to have to struggle to get to the GP and then face a further struggle to get to a pharmacy. In short - I do not feel that my needs are currently met, and I do not think that I am alone.*" GP surgeries with dispensaries attached were commented on positively by those who had the option. Catworth Parish Council gave collective feedback for their area, and felt the dispensing of medicines by a surgery was greatly valued by residents, "*complemented by the over the counter and pharmacy-only medicines from the high street pharmacy in Kimbolton. The late opening and weekend opening of dispensaries are necessary for and valued by those who work full-time*".

Appendices

Appendix 1: Map of Respondent Locations



Appendix 2: CENSUS 2011 ETHNIC BREAKDOWN FOR CAMBRIDGESHIRE

Table 5: Census 2011 Ethnic breakdown for Cambridgeshire

RESIDENT POPULATION BY ETHNIC GROUP	% of total
White British	84.5
White Irish	0.8
White – Other	7.1
White - Gypsy and Traveller	0.2
Mixed – White and Black African	0.2
Mixed – White and Black Caribbean	0.4
Mixed – White and Asian	0.6
Mixed – Other mixed	0.5
Asian or Asian British – Indian	1.2
Asian or Asian British – Pakistani	0.4
Asian or Asian British – Bangladeshi	0.4
Asian or Asian British – Other Asian	1.1
Black or Black British – Black African	0.6
Black or Black British – Black Caribbean	0.3
Black or Black British – Other Black	0.2
Chinese	1.1
Other Ethnic Group	0.6

Appendix 3: Trumpington Residents Feedback

The comments in this appendix are from residents in Trumpington and relate specifically to their local concerns rather than the Pharmaceutical Needs Assessment as a whole. It is very important that these concerns are addressed, but also that all responses to the consultation are considered with equal measure. While new housing development can be one reason for developing additional pharmaceutical services, there may be some misunderstanding of the purpose of the PNA, which was not proposing to open additional services, but to assess the current need.

Several local respondents were concerned about the opening of new pharmacies in and around Trumpington. Concerns were raised about the potential for opening an additional pharmacy in the area in reaction to proposed new building developments.

It was stated that the local pharmacy is dedication to serving the current and future population of Trumpington, has a capacity to boost services where necessary, excellent working relationships with local surgeries, location near prime shops in the area, easy access to the pharmacy from both the surgery and the area in general, with clear parking and disabled access.

Several local residents and groups expressed concerns, and a petition against the concept of an additional pharmacy in the area was submitted from the Trumpington Elderly Action Group, comprising of 23 signatures. Feedback was in support of an existing local pharmacy and against any additional pharmacy being opened in reaction to the new builds. Examples of comments were:

- "If there is to be only one then we wish to keep our current excellent pharmacy in its current convenient location"
- "[It provides] an extremely efficient and friendly service for the any families and elderly people directly in his area and there seems no reason why that should alter"
- "If a second pharmacy is opened, we'll just end up with a 'one open, one close' scenario"
- "To propose another pharmacy is to ride rough-shod over a business that has gone out of its way to provide excellent care for Trumpington residents. I have never heard anything but praise for [the local pharmacy], even down to prescriptions being personally delivered to housebound patients."
- "I have every confidence in [the pharmacys] ability to cope with the increased number of patients. A second pharmacy would be a waste of space and resources and could lead to the closure of our existing pharmacy"

The Trumpington Residents Association expressed concerns about the future of pharmacy services in the Trumpington area, feeling there was no need for this, or not until there is 'a demonstrable need':

- "As noted in the draft Needs Assessment (pages 81-83), the Southern Fringe of Cambridge (Trumpington: Clay Farm, Glebe Farm and Trumpington Meadows) is one of the main focuses of new housing development. When these developments are complete, there will have been a significant increase in the local population. Our members have discussed whether this increase will justify an additional pharmacy to serve the expanded population or whether it would be more effective to have the continuation of a single pharmacy. We feel very strongly that the continuation of a single pharmacy is the more desirable situation, at least until there is a demonstrable need for an additional pharmacy. In addition to the population increase, there are many other factors affecting the need for one or more pharmacies, including changes to the provision of services, as noted in the Needs Assessment."

Cambridgeshire Research Group

About the Cambridgeshire Research Group

The Research and Performance Team is the central research and information section of Cambridgeshire County Council. We use a variety of information about the people and economy of Cambridgeshire to help plan services for the county. The Research and Performance Team also supports a range of other partner agencies and partnerships.

Subjects covered by the Research and Performance Team include:

- Consultations and Surveys
- Crime and Community Safety
- Current Staff Consultations
- Data Visualisation
- Economy and The Labour Market
- Health
- Housing
- Mapping and Geographic Information Systems (GIS)
- Population
- Pupil Forecasting

For more details please see our website:

www.cambridgeshireinsight.org.uk

The Cambridgeshire Research Group
Cambridgeshire County Council
SH1306
Shire Hall
Castle Hill
Cambridge
CB3 0AP

Tel: 01223 715300
Email: research.performance@cambridgeshire.gov.uk

Appendix 8: PNA Steering Group responses to the Consultation findings

Consultation response for the

Cambridgeshire Pharmaceutical Needs Assessment, 2014

Response from the Cambridgeshire Health and Wellbeing Board to feedback obtained through the consultation on the draft Pharmaceutical Needs Assessment for Cambridgeshire, 2014

This document outlines the response from the PNA Steering Group to the feedback obtained in the consultation on the pharmaceutical needs assessment (PNA) for Cambridgeshire, 2014.

The PNA consultation was undertaken from 14 December 2013 to 21 February 2014 and was made known to members of the public and key stakeholder organisations through advertisements online, in pharmacies, in GP surgeries, and targeted correspondence. People were encouraged to have their say on pharmaceutical services in Cambridgeshire by completing a standard consultation questionnaire, online or in print. The consultation was carried out in accordance with appropriate regulations, as described in the full PNA report.

There were 238 respondents to the consultation questionnaire, including some responses arriving via post after the consultation period had ended. The feedback from all respondents has been summarised in a report prepared by the Research Team at Cambridgeshire County Council. Many respondents were women, of white British ethnicity, from older age groups, and had a postal address in Cambridge; although a number of responses were also received from men, individuals from minority ethnic groups, younger people, and from different locations across the county. While most respondents indicated that they regularly use a Community Pharmacy, there were also many respondents who indicated they made regular use of a dispensary at a GP pharmacy. In addition to members of the public, several organisations also chose to respond to the PNA consultation.

As described in the Consultation report, the number of responses obtained in the consultation is reasonable, compared to the number of responses received to other public consultations facilitated by the Research Team at Cambridgeshire County Council in the last few years. The consultation was undertaken in a manner which made it possible for many of those who have a stake in pharmaceutical services in Cambridgeshire to respond, should they wish to do so. Of note, the consultation was sent to all neighbouring Health and Wellbeing Boards in accordance with national PNA guidance.

A summary of the feedback obtained through the consultation is described in the table below. The table also sets out the response from the PNA Steering Group to each point. It is notable that most responders were supportive of the methods used to undertake the PNA, and that most responders were supportive of the messages presented in the draft PNA. Comments relating to the quality of pharmaceutical services which was beyond the remit of the PNA have also been shared with relevant stakeholders to facilitate wider learning about the view of the public on pharmaceutical services.

The Cambridgeshire Health and Wellbeing Board wishes to thank all those who responded to the public consultation and the pharmacy questionnaire, as well as those who helped to develop the PNA.

Table. Summary of feedback to the consultation on the draft Pharmaceutical Needs Assessment for Cambridgeshire 2014, and responses to this feedback including revisions to the final PNA report

Consultation question		Summary of feedback and free text comments	Response from the Pharmaceutical Needs Assessment Steering Group on behalf of Cambridgeshire Health and Wellbeing Board
1	**Do you feel that the purpose of the pharmaceutical needs assessment (PNA) has been explained sufficiently?**	**203 of 224 respondents (91%) felt that the purpose of the PNA was explained sufficiently.** Out of 21 respondents who did not feel the purpose of the PNA was explained sufficiently, free text comments were provided by 14 respondents. The comments fell into the following categories: • Responders who were unsure what the PNA was (5 responders) • Responders who found the PNA difficult to read (3 responders) • Responders who found the PNA lengthy to read (1 responder) • A mix of other comments (5 responders)	• **It is noted that the majority of respondents felt the purpose of the PNA was sufficiently explained.** • It is encouraging that only 3 respondents found the PNA difficult to read. While efforts were made to explain things as simply as possible, it is acknowledged that it is difficult to fully avoid jargon in the PNA. The PNA document must both discuss legislation and be worded precisely in order to be useful for commissioning organisations. We have tried to pay particular attention to avoiding jargon in the executive summary and in the consultation questionnaire. In doing this we aimed to ensure that the main messages in the PNA would be accessible to the public, and to ensure that members of the public would be able to make an informed response to the consultation. We acknowledge that further improvements are possible and we will keep this in mind in the future. • The Executive Summary provides a succinct recap of the key messages in the PNA. Additional information can be found in the summary at the beginning of each chapter and in the full chapters.
2	**Do you agree with the key findings about pharmaceutical services in Cambridgeshire?**	**198 of 220 respondents (90%) agreed with the key findings about pharmaceutical services in Cambridgeshire as outlined in the PNA.** Out of 22 respondents that did not agree, free text comments were provided by 16 respondents. These comments fell into three broad categories: • Comments on access to services (3 comments	• **It is noted that the vast majority of respondents agreed with the key findings as outlined in the PNA.** • These comments were general comments on services, not about the findings in question 6: Pharmacy services locations and opening times.

		on opening times, 2 on repeat prescriptions, and 1 on need for home delivery) • 6 responders did not know what the findings of the PNA were • A mix of other comments around pharmacy services (4 responders).	• These comments did not seem to indicate that the findings of the PNA were not clearly stated. The consultation included a summary of the key findings from the draft PNA, but for ease could also have explicitly referred responders to the Executive Summary (including the page number) of the draft PNA document. • These comments were either not within the remit of the PNA or mentioned issues that have been captured elsewhere in the response document.
3	**Do you feel the draft PNA adequately describes current pharmaceutical services in Cambridgeshire?**	**205 of 220 respondents (93%) felt that the draft PNA <u>did</u> adequately describe current pharmaceutical services in Cambridgeshire.** Out of 15 respondents that did not agree, free text comments were provided by 10 respondents. These comments fell into the following categories: • 2 responders agreed with parts of the PNA but did not state which parts they did not agree with • 2 responders did not know what the findings were • 1 responder felt the PNA only looks at numbers rather than distribution or opening hours • 1 responder felt that laymen and women would not be able to judge pharmaceutical services for Cambridgeshire as a whole • 1 responder felt that the survey should have been carried out before the draft PNA and not afterwards	• **It is noted that the majority of respondents felt that the draft PNA adequately describe current pharmaceutical services. In Cambridgeshire.** • The draft PNA discusses both the numbers of pharmaceutical providers (section 4.1) as well as the distribution and opening hours of these services (see section 4.2). The draft PNA also illustrates this information in detail in maps 9, 10, and 11 (pages 40, 41, and 43). The consultation report map in Appendix 1 illustrates that there was a reasonably good spread of responders to the consultation on the draft PNA. Regarding access to services, see question 6: Pharmacy services locations and opening times. • It is appreciated that it is difficult to judge pharmaceutical services for Cambridgeshire as a whole. We have sought views from the public

		• Repeats of comments made elsewhere (3 responders)	and a variety of stakeholders to help inform the PNA. It is recognised that people who respond to the Consultation Survey will primarily consider the services available in their locality. The aim is to collate these responses to represent the greater picture. • The draft PNA and consultation were undertaken in agreement with regulations. It was debated whether to undertake a survey before the draft PNA instead of after but on balance decided the public would be able to make a more informed decision if they had current information available to comment on. We were able to base our survey on experience from a previous PNA undertaken in the same region 3 years ago. Furthermore, the PNA involved surveys of local pharmacies and GP pharmacies to gather information on what local services are currently available and this was compared with national data to assess services in Cambridgeshire relative to other areas.
4	**Do you know of any pharmaceutical services that are not described in the PNA?**	**197 of 218 respondents (90%) stated that they did not know of any pharmaceutical services that were not described within the PNA.** Out of 21 respondents that did not agree, free text comments were provided by 14 respondents and suggestions for one or more other services were provided by 13 respondents. These 13 respondents indicated that the following services had not been described in the PNA: • Flu vaccinations (4 responders) • Optician services at pharmacies (2 responders) • Screening services, eg for blood pressure, cholesterol or glucose levels (2 responders) • Mental health services (1 responder) • Online repeat prescriptions (1 responder)	• <u>Flu vaccinations</u> – The draft PNA discusses flu vaccination services in pharmacies under Enhanced Services (Section 4.5 of the PNA). We have added additional information to this section: This service was available from October 2013 to January 2014 in those pharmacies that chose to provide the service. • <u>Optician services</u> – Individual pharmacies may choose to provide optician services, although this is not linked to pharmaceutical contracts. Currently in Cambridgeshire some companies provide pharmaceutical services have also provided optician services (eg. Supermarkets and other large multiples such as Boots). In order to provide an optician service in conjunction with pharmacy services, a separate optician application would need to be made to NHS England. • <u>Screening services</u> – Screening eg for high cholesterol is provided as part of Health Checks in one pharmacy in Wisbech (for further information on Health Checks and screening, see Section 5.5 NHS Health Checks). Some screening services can be offered from pharmacies, but this depends on the services being commissioned

		• INR Clinics (1 responder) • Home deliveries of prescriptions (for example for the elderly) • Hospital pharmacies (1 responder) • MUR (1 responder) • Minor ailment service (1 responder) • NM5, C-Card (1 responder) • Outreach into eg schools to prevent young people from thinking that simple medications can only come from doctors (1 responder)	as an NHS service or provided as a private service. These comments have been shared with NHS England and Cambridgeshire & Peterborough Clinical Commissioning Group to facilitate wider learning. • Mental health services – The PNA does mention Cambridgeshire and Peterborough Mental Health Trust among providers of pharmaceutical services (Section 4.1.5). The PNA also discusses the role pharmacy staff can have in promoting awareness of good mental health, for example through signposting to information about local networks and mental health help lines; and mechanisms whereby community pharmacists can help people take their medicines as intended (Chapter 5.12). Stakeholders in these areas have been invited to contribute to the PNA. • Online repeat prescriptions –Whilst we understand the frustrations for some respondents, this is a GP service and not a pharmaceutical service as such. Prescribing concerns have been fed back to the Local Medical Committee (LMC) and Clinical Commissioning Group (CCG). • INR Clinics – This service can be commissioned from pharmacies but is provided in very few (eg Sainsburys Cherry Hinton Branch as an outreach service through Addenbrookes CUFT). This has been added to the PNA section 5.14.2. • Home deliveries – The PNA mentions home deliveries in the Executive Summary and discusses home deliveries in further detail in Section 4.2.1. • Hospital pharmacies – The PNA does discuss hospital pharmacies, for example in relation to current provision of NHS Pharmaceutical Services (Section 4.1.5) and in relation to Healthcare associated infections (Section 5.13). • MUR – Medicines Usage Reviews are discussed under Advanced Services, in Sections 1.4 and 4.4 of the PNA.

			• Minor ailment service – The PNA discusses Minor Ailment Services in detail in Section 5.16. • C-card and NM5 – The c-card programme is managed by the Chlamydia Screening Team at Cambridgeshire Community Services (CCS). The c-card enables holders to obtain free barrier contraception from agreed distributors. CCS will issue the c-card to those who are entitled to use the scheme. The pharmacies are one of several potential distribution points, who will provide users with condoms upon presentation of the c-card. Further information about c-card can be found on the scheme website (www.ccardcambs.com). This information has been added to the PNA (section 5.6.3). • Outreach into schools and other establishments – A suggestion was made that there could be an opportunity for pharmacy outreach into schools to educate young people about the use of medicines. We are not aware of current pharmaceutical outreach initiatives relating to schools in the county. This comment has been passed on to the CCG and LPC to facilitate wider learning.
5	**Do you feel that the needs for pharmacy services for the population in Cambridgeshire have been adequately identified?**	**193 of 219 respondents (88%) felt that the needs for pharmacy services for the population of Cambridgeshire had been adequately identified.** Out of 26 respondents that did not agree, free text comments were provided by 19 respondents. These comments fell into the following categories: • Concern about the capacity to manage future population increases such as around Love's Farm (St Neots) and Newmarket Road (Cambridge) (5 respondents) • Comments regarding access to pharmaceutical services (8 responses) • GPs being allowed to dispense regardless of	• **It is noted that the majority of respondents felt that the needs for pharmacy services for the population of Cambridgeshire have been adequately identified.** • Concern about future capacity – It is acknowledged that needs for pharmaceutical services may potentially change when local populations grow. However, the rate of growth and the implications for needs for pharmaceutical services can be difficult to predict accurately at a local level. PNAs are therefore regularly reviewed and updated through publishing of supplemental statements or of renewed assessments, as deemed necessary. • Access to services – These comments are addressed under question

		proximity to a pharmacy was commented on as being frustrating (one of the above responses) • Issues around communication between GPs and chemists when drugs are unavailable (1 respondent) • Responders indicating that they did not have sufficient knowledge to comment (4 respondents) • Other comment to repeat a statement given by the same responder elsewhere in the survey (1 respondent)	6: Pharmacy services locations and opening times. • <u>GPs and dispensing distance</u> – It is appreciated that this can be frustrating for patients and carers. Dispensing by GP practices is defined in nationally agreed regulations and is not influenced by the PNA or local commissioning arrangements. Home delivery services (as described in section 4.1) may also help to provide a solution for individuals who find it difficult to reach a local pharmacy but cannot receive prescriptions from their local GP dispensary. • <u>Issues around communication</u> – It is acknowledged that communication between GPs and chemists is important. This comment did not specify in which location this was perceived to be an issue. Local residents are encouraged to raise such concerns through local feedback mechanism through their pharmacy or GP. • <u>Insufficient knowledge to comment</u> – We appreciate that it is difficult for individuals to judge pharmaceutical services for Cambridgeshire as a whole. We have sought views from the public and a variety of stakeholders to help inform the PNA. We expect people who respond to the Consultation Survey will primarily consider services in their locality and have collated these local views to build a wider picture across the county. In future, consultations could make it more explicit to readers that we are requesting respondents from around Cambridgeshire to comment on their own experience or local pharmacies. This learning has been noted for future PNA public consultations.
6	**Do you agree that pharmacy services are available at convenient locations and opening times?**	**201 out of 225 respondents (89%) agreed that pharmacy services are currently <u>available at convenient locations and opening times</u>.** Out of 24 respondents that did not agree, free text comments were provided by 18. These respondents fell into the following categories: • <u>Opening hours</u> (14 responders in total) – including comments on extended opening hours on weekdays (6 responders), weekend openings (5 responders) and closings at lunch	• **It is noted that most respondents agreed that pharmacy services are currently available at convenient locations and opening times.** • <u>Opening hours</u> – Pharmacies are commissioned by NHS England and contracts include mention of core hours specifying when a pharmacy must be open. However pharmacies are independent contractors, and extension of opening hours or closure over lunch periods is decided by each pharmacy. Often this is to ensure that pharmacists are able to take an appropriate break, as specified by professional regulations. The desire from some residents to increase opening hours or vary

		time (4 respondents) • Accessibility for people who use wheelchairs or those who have mobility issues (1 respondent) • Rural areas (2 respondents) and • Positive note for a local area (1 respondent)	them to ensure pharmacies are open later in the evenings, during lunchtimes or at weekends has been added to the revised PNA section 4.2.3. At present, out of 109 community pharmacies, 50 (46%) are open after 6pm and 30 (28%) are open after 7pm on weekdays; 87 (80%) open on Saturdays; and 24 (25%) open on Sundays (see section 4.2.3). These findings are similar to those in the 2011 PNA. Local pharmacies are encouraged to respond to this as appropriate. Local feedback was shared with NHS England (who manages contracts with pharmacies) and with the LPC. • Accessibility – This comment has been fed back to the pharmacy in question and appropriately actioned. • Rural areas (eg Fenland) – Cambridgeshire is a predominantly rural county with few large urban settlements. Relatively wide areas are not densely populated and this can lead to potential challenges for residents with transport and access to services. While the spread of pharmaceutical service providers across the county is good they are often clustered together in small areas of the larger market towns. Options to help improve access to pharmaceutical services include: • Improved publicity and communication of the availability of dial a ride service • Community Car schemes • Community pharmacies providing home delivery services. Some of these services may incur a charge for patients • Improving awareness of prescription collection services • Improved use of NHS repeat dispensing service • Distance selling pharmacies
7	**Do you agree that we do not currently need more pharmacies in Cambridgeshire?**	**179 out of 218 respondents (82%) agreed that currently we do not need more pharmacies in Cambridgeshire.** Out of the 39 responders that did not agree, free text comments were provided by 31. Their responses fell into the following broad categories: • Do not know if need more pharmacies (8	• **It is noted that the majority of respondents agreed that currently we do not need more pharmacies in Cambridgeshire.** • It is noted that out of 31 respondents who did not agree that the number of pharmaceutical providers is sufficient, 18 were unable to agree because they did not have sufficient knowledge or wished to make other comments relating to access to existing pharmacies.

		respondents) • No need in own area but cannot speak for other areas (6 respondents) • Extended opening hours or lunch hours (2 respondents) • Comments relating to market competition (not enough competition, market drives locations (2 respondents) • Need more pharmacies in general including in Cambridge City, Fenland, and Huntingdon (5 respondents) • Need more pharmacies in new developments (8 respondents)	• **It is noted that out of a total of 240 responses to the consultation only 13 (5%) made explicit comments indicating that they felt a need for more pharmacies.** It is also noted that in Cambridgeshire there has been an increase in the number of pharmacies since 2011. • <u>New developments</u>: 8 of the 13 comments related to areas of new developments. The HWB is aware of the situation with new developments as described in PNA and will keep this situation under review. Pharmaceutical services in relation to new housing developments is discussed in the PNA Section 6: Future Population Changes and Housing Growth. The Executive Summary has been amended to acknowledge that local level changes in population may not be directly proportionate to changes in pharmaceutical providers needed to meet additional need: "Over the coming years the population in Cambridgeshire is expected to both age and grow substantially in numbers. An increase in population size is likely to generate an increased need for pharmaceutical services, but on a local level changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required to meet local pharmaceutical needs, due to the range of other factors influencing such needs. Several large-scale housing developments are in progress and considerations when assessing needs for local pharmaceutical service providers should be based on a range of local factors specific to each development site." • <u>Opening hours</u>: see responses under question 6, Pharmacy services locations and opening times. • <u>Market competition</u>: The PNA and NHS England commissioning offers a mechanism for pharmacies to open but only where necessary. It is worth noting that there is a cost to the local health economy of opening a new pharmacy if NHS England approve an application so it is important to assess pharmaceutical need.

			The payment system to pharmacies is quite complex and it is difficult to determine the "extra costs" to the health economy for an extra pharmacy. However for each additional pharmacy dispensing over 3500 items per month (a relatively low number) and a mid-range of additional services it can be estimated that the extra costs for having that new pharmacy contract would be approximately £40k. This information provided by our NHS England local representative has been added to section 4.1.11 of the revised PNA.
	Additional free text comments	Following on from these questions, respondents were invited to add any further comments or feedback on the Pharmaceutical Needs Assessment. 92 respondents submitted comments. There were some common themes under which comments fell, namely: <u>Population growth (17 respondents / 18.5%)</u> Respondents commented that new developments and population increases needed to be taken into account when considering existing pharmacy provision. It was also noted that for many cases the introduction of new pharmacies would not always be the best option and that in some areas this could potentially detract from existing services. <u>Innovation to use pharmaceutical services more effectively (8 respondents / 8.7%)</u> Pharmacies were felt to have a vital role to play in the provision of health services, including information and advice, to the general public; for example in more	• It is noted that the introduction of new pharmacies would not always be the best option despite new developments and population increases in a given location. A section has been added to the revised PNA (Section 6.5.2) making it clear that in the case of development of a whole new community where there is no existing provision of pharmaceutical services, this will be viewed differently from expansion in an area already covered by one or more existing providers. In areas of expansion of housing in an established community, the need for additional pharmacy services will take into account current services including opening hours, potential to expand current capacity and potential impact on current pharmacies. • The Executive Summary has been amended to acknowledge that local level changes in population may not be directly proportionate to changes in pharmaceutical providers needed to meet additional need: "Over the coming years the population in Cambridgeshire is expected to both age and grow substantially in numbers. An increase in population size is likely to generate an increased need for

		rural/isolated locations. Some highlighted pharmacies as being their first port of call for advice, ahead of their GP. Several respondents commended the advice given by pharmacies demonstrating their awareness of conditions and their medications (contra-indications, side-effects and the interactions of different drugs). Many agreed that the county has high quality services which meet the needs of the population. As one respondent stated, "I am happy that all the population needs are covered by the variety of ways people can access their prescriptions in such a varied population and we have got it right in our community". Of the PNA itself, one respondent felt that mental health issues were not sufficiently covered within the report. <u>Other local issues (18 respondents / 19.6%)</u> Several respondents stated they did not feel they could respond constructively to the consultation as their views were focused on their personal experiences in their local area, and as such it was difficult to comment on the strategic picture for Cambridgeshire as a whole. Several respondents gave positive feedback on their local pharmacy. <u>Opening hours (6 respondents / 6.5%)</u> There were few negative comments about the opening times and availability of pharmacies and dispensaries. For the most part, people felt services were open at convenient times and accommodated those working/in education full time and people with other time-limiting responsibilities. Some respondents indicated concern that this consultation meant a reduction in provision was	pharmaceutical services, but on a local level changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required to meet local pharmaceutical needs, due to the range of other factors influencing such needs. Several large-scale housing developments are in progress and considerations when assessing needs for local pharmaceutical service providers should be based on a range of local factors specific to each development site." • It is noted that many respondents felt that the county has high quality pharmaceutical services which meet the needs of the population. These comments are useful feedback in support of the key findings of the PNA. The PNA acknowledges that providers of pharmaceutical services have an important role to play in improving the health of local people, as is stated several places in the PNA and in the Executive Summary. • Mental health was discussed under responses to question 4, above. • Local comments such as these have been passed on to NHS England, the LPC, and/or the pharmaceutical providers in question to stimulate wider learning and facilitate improvements in pharmaceutical services locally and nationally. • Opening hours are discussed under responses to question 6, above.

		probable. Inconsistencies with local out-of-hours provision were noted (these views also extended to GP services). <u>Coordination between GP surgeries and pharmacies (10 respondents / 10.9%)</u> Some respondents noted communications between GPs and pharmacists as an area with potential for improvement, for example around repeat prescriptions. Some respondents reported prescriptions going missing and that considerable effort had to be made to collect items. Some respondents reported having difficulty stopping a prescription – one example given was of a patient returning 20 inhalers and 12 GTN sprays that were not required. One stated that "Communication between surgeries and pharmacies are archaic and the time between making a request for a drug and the actual dispensing of the drug is getting longer. […] Pieces of paper transferring from surgeries to pharmacies is obsolete. It should be possible for a doctor to enter the request into the computer and instantaneously be transmitted to the pharmacy". <u>Prescription collection – GP dispensaries (11 respondents / 12.0%)</u> Some respondents noted issues around the collection of prescriptions and medicines. One noted issues with having the time to both collect the prescription from the GP and then get to a pharmacy. It was commented that	• Comments such as these have been passed on to NHS England, the LPC, and/or the pharmaceutical providers in question to stimulate wider learning and facilitate improvements in pharmaceutical services locally and nationally. • The following additional information about electronic prescriptions has been added to section of the PNA: "The new Electronic Prescription Service (EPS) allows the transfer of a prescription from the prescriber to pharmacy (or other dispensing contractor), by electronic means rather than the traditional paper form. The introduction and running of the EPS service is managed by an NHS department. There have been various pilot sites testing the system which has resulted in improvements being made. The second rollout of the service EPS2 is being undertaken. In Cambridgeshire 96% of pharmacies are enabled to receive electronic prescriptions and ten surgeries have signed up to be part of the second rollout. Of the ten, three are now live sites. As the programme continues, fewer prescriptions will be paper based and so the problems identified should be reduced." • Comments such as these have been passed on to NHS England, the LPC, and/or the pharmaceutical providers in question to stimulate wider learning and facilitate improvements in pharmaceutical services locally and nationally. • Dispensing by GP practices for patients who live outwith a specific

		if a patient lives within one mile of a pharmacy a GP cannot dispense medicines to them – which can cause difficulties for patients with reduced mobility issues. – "If I am in pain, I want my dispensing GP to be able to dispense to me. I do not want to have to struggle to get to the GP and then face a further struggle to get to a pharmacy. In short - I do not feel that my needs are currently met, and I do not think that I am alone." GP surgeries with dispensaries attached were commented on positively by those who had the option. Catworth Parish Council gave collective feedback for their area, and felt the dispensing of medicines by a surgery was greatly valued by residents, "complemented by the over the counter and pharmacy-only medicines from the high street pharmacy in Kimbolton. The late opening and weekend opening of dispensaries are necessary for and valued by those who work full-time". <u>Trumpington (16 respondents / 17.4%)</u> See stakeholder groups comments below	radius is defined in nationally agreed regulations and is not influenced by the PNA or local commissioning arrangements. Home delivery services (as described in section 4.1) may also help to provide a solution for individuals who find it difficult to reach a local pharmacy but cannot receive prescriptions from their local GP dispensary. • Responses in relation to Trumpington are discussed separately, see further below.
	Stakeholder groups	Comments were received from a number of local stakeholder groups: 1. **Cambridgeshire Local Pharmaceutical Committee (LPC)** This PNA provides an excellent explanation of the pharmacy regulations relating to PNAs and has addressed the issues needed for the document to be used for contractual decision making. It is has also given a good explanation of the local services that have been commissioned and identified exemplars of new local services that have been commissioned in other	• In response to this helpful feedback, the Executive Summary of the PNA has been expanded to include more of the key findings from the main report, describing the potential role of pharmacists on healthy lifestyle support, co-ordinating care and supporting self-care and supporting safe and appropriate use of medicines. • Key information around health needs to support the commissioning of health improvement and early intervention initiatives in the community is presented in more detail in the relevant Cambridgeshire

		areas. It has stopped short of linking these potential new services with existing unmet need in the county and to the delivery of the JSNA objectives. This is disappointing when there is currently a national and regional consultation on how pharmacy can contribute more to transforming health care and how it can be integrated into a seamless care model. The PNA needs to be a vehicle to assess how pharmacy fits into local strategy development and delivery as well as a contracts management document. The LPC would urge you to strengthen the strategic element of this document. Our main concern is that the Executive summary does not fully reflect all the findings within the report and does not describe the gap in unmet need. I would have liked to see stronger recommendations in the executive summary where pharmaceutical needs exist for new local services eg addressing the identified alcohol abuse problem. 2. **Cambridgeshire Local Medical Committee (LMC)** ***Pharmaceutical services*** Cambridgeshire LMC has considered your draft PNA and agrees that the county is well provided for with regard to the current service provision. We note that the PNA has not identified a need for any new pharmaceutical service providers. ***Dispensing GP practices*** The Committee agrees with your statement that access	JSNAs. • In collaboration with the LPC, the following recommendation from the main text has been strengthened in section 5.1.1 and added to the revised PNA report Executive Summary: "Local commissioning organisations should consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care." • The Steering Group is pleased to note that the Local Medical Committee agree with the findings of the PNA.

		to GPs in general (not only dispensing practices) appears to be good in Cambridgeshire compared to the East of England and England as a whole. ***Considerations of service providers available*** With regard to paragraph 4.1.11, the Committee would suggest that description of the distribution of pharmacies and dispensing GP practices be reworded ie saying that the county appears to be covered "with few gaps" and "Some gaps may potentially exist in some of the less populated areas in the county" has the potential to be misinterpreted. The Committee would prefer a similar description to that seen previously ie the distribution of pharmacies and dispensing practices appear to cover the county well with few obvious gaps and some concentrations, which could indicate overprovision. Some geographical gaps appear to exist in some of the less populated areas in the north and southern fringes of the county but these localities are served by suppliers from outside the county which might not appear on the county map. ***Future reviews*** The Committee is pleased to note that although the PNA will be updated every three years, that it is your intention to review the need for a supplementary statement every six months. The Committee agrees that this would serve to maintain the PNA as a current document.	• Section 4.1.11 of the PNA has been updated to describe the distribution of pharmacies and dispensing GP practices as follows, which is in a format that is in line with the format used in the previous PNA: "The distribution of pharmacies and dispensing GP practices appears to cover the county well with few gaps and some concentrations, which could indicate overprovision. Some geographical gaps appear to exist in some of the less populated areas in the north and southern fringes of the county (see Maps 6 and 7) but these localities are served by suppliers from outside the county (see Map 10)."

		3. Local stakeholders & residents from Trumpington Approximately 10% of consultation responses and separate letters were received from local stakeholders in Trumpington, including The Trumpington Elderly Action Group (23 signatures), a doctor and a pharmacist in Trumpington. The respondents seemed to interpret the PNA as grounds for opening a new pharmacy and expressed concerns that opening a new pharmacy could lead to closure of the existing pharmacy. They wished to emphasise that that the current pharmacy in Trumpington was felt to provide an excellent service.	• We are pleased to note that the PNA finding that no new pharmacies are required in Cambridgeshire at present matches the experience of these stakeholders. • Letters were sent to those who submitted a petition and specific letters in support of a local pharmacy. These letters aimed to allay their concerns and emphasised that the draft PNA did **not** identify a current need for any new NHS pharmaceutical service providers in Cambridgeshire. • To avoid future confusion, further detail about the process of applications for new pharmacies has been emphasised in the revised Executive Summary. When it comes to opening of new pharmacies, such decisions are not made by the Health and Wellbeing Board. This requires a formal application to be submitted to NHS England. The relevant NHS England Area Team will then review the application and decide if there is a need for opening a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA. • It may perhaps be that respondents have interpreted the PNA statement that the HWB will consider information on the number of completed buildings and population changes in areas of new growth, as a future concern in relation to Trumpington. As described in the Section 1.3 of the PNA, the full PNA must be updated every three years. The availability of new information for the PNA is assessed every six months and if indicated 'Supplementary Statements of Fact' may also be produced, which will include information on new facts such as openings and closings of pharmacies, houses completed etc. • To ensure local stakeholders views are captured in the PNA, a section has been added to the revised PNA (Section 6.5.2) making it clear that in the case of development of a whole new community where there is no existing provision of pharmaceutical services, this will be viewed differently from expansion in an area already covered by one or more existing providers. In areas of expansion of housing in an established community, the need for additional pharmacy services will take into account current services including opening hours, potential to expand current capacity and potential impact on current pharmacies.